# Case 16-04973 Doc 1 Filed 02/17/16 Entered 02/17/16 01:18:12 Desc Main Document Page 1 of 60

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | 't 1:                 | Identify Yourself   |  |   |   |
|-----|-----------------------|---|--|---|---|
|     |                       |   | About Debtor 1:                                    |   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                   | r full name   |  |   |   |
|     | your<br>pictu<br>exar | e the name that is on<br>government-issued<br>ure identification (for<br>mple, your driver's<br>use or passport). | Juan First name  L Middle name                     |   | First name  Middle name                       |
|     | iden                  | g your picture<br>tification to your<br>ting with the trustee.  | Cruz, III Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |                       | other names you have<br>d in the last 8 years   | John Cruz  |   |   |
|     |                       | ude your married or<br>den names.   |  |   |   |
| 3.  | you<br>num<br>Indi    | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>utification number           | xxx-xx-5099  |   |   |

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Case number (if known)

Debtor 1 Juan L Cruz, III

|            |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|------------|---|---|--|--|--|--|
| 4.         | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|            | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |
|            |   | EINs  | EINs   |  |  |  |
| 5.         | Where you live  | 790 Lee Street, Apt. 4  | If Debtor 2 lives at a different address:  |  |  |  |
|            |   | Des Plaines, IL 60016 Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|            |   | Cook  |  |  |  |  |
|            |   | County  | County   |  |  |  |
|            |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|            |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.         | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
| bankruptcy |   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|            |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|            |   |   |  |  |  |  |

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Case number (if known) Debtor 1 Juan L Cruz, III

| ar  | t 2: Tell the Court About   | Your E    | Bankruptcy Ca                                   | se  |  |  |  |  |
|-----|---|-----------|---|---|--|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  |           |   |   | of each, see <i>Notice Required by</i> page 1 and check the appropriat                                       | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.  |  |  |
|     | choosing to file under  | Chapter 7 |   |   |  |  |  |  |
|     |   |           | Chapter 11                                      |   |  |  |  |  |
|     |   |           | Chapter 12                                      |   |  |  |  |  |
|     |   |           | Chapter 13                                      |   |  |  |  |  |
| 3.  | How you will pay the fee  | •         | about how yo                                    | u may pay. Typi<br>attorney is subn                       | ically, if you are paying the fee yo   | k with the clerk's office in your local court for more details<br>burself, you may pay with cash, cashier's check, or mone<br>alf, your attorney may pay with a credit card or check with    |  |  |
|     |   |           |   |   | allments. If you choose this options (Official Form 103A).   | on, sign and attach the Application for Individuals to Pay   |  |  |
|     |   |           | I request that<br>but is not requapplies to you | t my fee be wai<br>uired to, waive y<br>ur family size an | ived (You may request this optio<br>your fee, and may do so only if you<br>d you are unable to pay the fee i | n only if you are filing for Chapter 7. By law, a judge may<br>our income is less than 150% of the official poverty line th<br>n installments). If you choose this option, you must fill out |  |  |
|     |   |           | the Application                                 | on to Have the C  | Chapter 7 Filing Fee Waived (Offi  | cial Form 103B) and file it with your petition.  |  |  |
| ).  | Have you filed for bankruptcy within the  | ■ N       |   |   |  |  |  |  |
|     | last 8 years?   | □ Y       |   |   |  |  |  |  |
|     |   |           | District  |   | When   | Case number  |  |  |
|     |   |           | District  |   | When   | Case number  |  |  |
|     |   |           | District  |   | When   | Case number  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ N       | 0   |   |  |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Y       | es.   |   |  |  |  |  |
|     |   |           | Debtor  |   |  | Relationship to you  |  |  |
|     |   |           | District  |   | When   | Case number, if known  |  |  |
|     |   |           | Debtor  |   |  | Relationship to you  |  |  |
|     |   |           | District  |   | When   | Case number, if known  |  |  |
| 11. | Do you rent your residence?   | ПΝ        | o. Go to li                                     | ne 12.  |  |  |  |  |
|     | residence :   | Y         | es. Has yo                                      | ur landlord obta  | ined an eviction judgment agains   | st you and do you want to stay in your residence?  |  |  |
|     |   |           |   | No. Go to line 1  | 12.  |  |  |  |
|     |   |           | _   | Yes. Fill out <i>Init</i> bankruptcy peti                 |  | Judgment Against You (Form 101A) and file it with this   |  |  |

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Case number (if known)

| Part                              | Report About Any Bu   | sinesses `                          | You Own   | as a Sole Proprieto  | or   |  |  |  |
|-----------------------------------|---|-------------------------------------|---|--|--|--|--|--|
| 12.                               | Are you a sole proprietor of any full- or part-time business?   | ■ No.                               | Go to   | Part 4.  |  |  |  |  |
|                                   |   | ☐ Yes.                              | Name  | and location of busir  | ness   |  |  |  |
|                                   | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                                     | Name  | of business, if any  |  |  |  |  |
|                                   | If you have more than one sole proprietorship, use a separate sheet and attach  |                                     | Numb  | er, Street, City, State  | & ZIP Code   |  |  |  |
|                                   | it to this petition.  |                                     | Checi   | k the appropriate box  | to describe your business:   |  |  |  |
|                                   |   |                                     |   | Health Care Busine   | ess (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|                                   |   |                                     |   | Single Asset Real E  | Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |
|                                   |   |                                     |   | Stockbroker (as de   | fined in 11 U.S.C. § 101(53A))   |  |  |  |
| ☐ Commodity Broker (as defined in |   |                                     |   | Commodity Broker   | (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|                                   |   |                                     |   | None of the above  |  |  |  |  |
| 13.                               | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation<br>in 11 U.S | ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure |  |  |  |  |  |
|                                   | For a definition of small   | No.                                 | I am r  | ot filing under Chapte   | er 11.   |  |  |  |
|                                   | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                               |   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |
|                                   |   | ☐ Yes.                              | I am f  | iling under Chapter 1  | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| Part                              | t 4: Report if You Own or   | Have Any                            | Hazardo   | ous Property or Any  | Property That Needs Immediate Attention  |  |  |  |
| 14.                               | Do you own or have any  | ■ No.                               |   |  |  |  |  |  |
|                                   | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.                              | What is   | the hazard?  |  |  |  |  |
|                                   | public health or safety? Or do you own any property that needs immediate attention?   |                                     |   | liate attention is why is it needed?   |  |  |  |  |
|                                   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                                     | Where is  | s the property?  |  |  |  |  |
|                                   | •   |                                     |   | _  | Number, Street, City, State & Zip Code   |  |  |  |

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Part 5: Explain Your Effo

Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

# ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

## ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Del | otor 1 Juan L Cruz, III  |                        | ····   | Case numb   | er (if known)   |  |  |  |
|-----|--|------------------------|--|---|---|--|--|--|
| Pai | t 6: Answer These Quest  | ions for R             | eporting Purposes  |   |   |  |  |  |
| 16. | What kind of debts do you have?  | 16a.                   | Are your debts primarily of individual primarily for a per   | consumer debts? Consumer debts are de rsonal, family, or household purpose."  | fined in 11 U.S.C. § 101(8) as "incurred by an                                  |  |  |  |
|     |  |                        | ☐ No. Go to line 16b.  |   |   |  |  |  |
|     |  |                        | Yes. Go to line 17.  |   |   |  |  |  |
|     |  | 16b.                   | Are your debts primarily is money for a business or inv  | business debts? Business debts are debts vestment or through the operation of the bu  | s that you incurred to obtain usiness or investment.                            |  |  |  |
|     |  |                        | ☐ No. Go to line 16c.  |   |   |  |  |  |
|     |  |                        | ☐ Yes. Go to line 17.  |   |   |  |  |  |
|     |  | 16c.                   | State the type of debts you  | owe that are not consumer debts or busine   | ess debts   |  |  |  |
| 17. | Are you filing under<br>Chapter 7?   | □ No.                  | I am not filing under Chapte   | er 7. Go to line 18.  |   |  |  |  |
|     | property is excluded and   | ■ Yes.                 | I am filing under Chapter 7. expenses are paid that fund   | am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |   |  |  |  |
|     |  |                        | ■ No   |   |   |  |  |  |
|     | Are your filling under Chapter 7. Go to line 16.    Are your filling under Chapter 7. Go to line 18. |                        |  |   |   |  |  |  |
| 18. | How many Creditors do  | <b>1</b> -49           |  | □ 1.000-5.000   | □ 25.001-50.000   |  |  |  |
|     |  |                        | l  | □ 5001-10,000   |   |  |  |  |
|     |  |                        |  | ☐ 10,001-25,000   | ☐ More than100,000  |  |  |  |
| 19. | How much do you  | ■ so - s               | 50.000   | □ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|     |  |                        |  |   | ☐ \$1,000,000,001 - \$10 billion  |  |  |  |
|     |  |                        |  |   | ☐ \$10.000,000,001 - \$50 billion ☐ More than \$50 billion                      |  |  |  |
| 20. | How much do you  | <b>\$0 - \$</b>        | 50,000   | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|     | to be?   |                        |  |   | □ \$1.000,000,001 - \$10 billion  |  |  |  |
|     |  |                        |  |   |   |  |  |  |
| Par | 7: Sign Below  |                        |  |   |   |  |  |  |
| For | you  | I have ex              | amined this petition, and I de   | clare under penalty of perjury that the infor   | mation provided is true and correct.  |  |  |  |
|     |  | If I have of United St | chosen to file under Chapter ates Code. I understand the   | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I c  | e, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7. |  |  |  |
|     |  | if no attor<br>documen | mey represents me and I did<br>t. I have obtained and read th  | not pay or agree to pay someone who is not notice required by 11 U.S.C. § 342(b).   | ot an attomey to help me fill out this  |  |  |  |
|     |  | I request              | relief in accordance with the  | chapter of title 11, United States Code, spo  | ecified in this petition.   |  |  |  |
| bar |  |                        | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |   |  |  |  |
|     |  |                        |  | Signature of Debto  | or 2  |  |  |  |
|     |  | Executed               | on 2-11-16<br>MM/DD/YYYY   |   | / DD / YYYY   |  |  |  |

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Arthur      | Corbin                 | Date          | February 17, 2016     |  |
|-----------------|------------------------|---------------|-----------------------|--|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY        |  |
|                 |                        |               |                       |  |
| Arthur Co       | rbin                   |               |                       |  |
| Printed name    |                        |               |                       |  |
| Corbin La       | w Firm, LLC            |               |                       |  |
| Firm name       |                        |               |                       |  |
| 2500 E. De      | evon Ave.              |               |                       |  |
| Suite 200       |                        |               |                       |  |
| Des Plaine      | es, IL 60018           |               |                       |  |
| Number, Street, | City, State & ZIP Code |               |                       |  |
| Contact phone   | 773-570-0054           | Email address | arthur@corbin-law.com |  |
| ARDC#63         | 05658                  |               |                       |  |
| Bar number & S  | tate                   |               |                       |  |

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|---|-------------------------|----------------------|----------------|
| Fill in this infor                      | mation to identify your | case:                |                |
| Debtor 1                                | Juan L Cruz, III        |                      |                |
|   | First Name              | Middle Name          | Last Name      |
| Debtor 2                                |                         |                      |                |
| (Spouse if, filing)                     | First Name              | Middle Name          | Last Name      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT OF | FILLINOIS      |
| Case number                             |                         |                      |                |

# Official Form 106Sum

(if known)

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filling amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |            |                           |
|-----|--|------------|---------------------------|
|     |  |            | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$         | 0.00                      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$         | 6,707.10                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$         | 6,707.10                  |
| Par | t 2: Summarize Your Liabilities  |            |                           |
|     |  |            | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 8,595.00                  |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$         | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$         | 20,326.87                 |
|     | Your total liabilities   | \$         | 28,921.87                 |
| Par | t 3: Summarize Your Income and Expenses  |            |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$         | 1,390.00                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$         | 1,824.00                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |            |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other so | chedules.                 |
| 7.  | Yes What kind of debt do you have?   |            |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | ı persona  | I, family, or             |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,523.13

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clair | n        |
|--|-------------|----------|
| From Part 4 on Schedule E/F, copy the following:   |             |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$          | 2,964.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 2,964.00 |

|                               |                                       | ase 10-04973 L   | _                                     | ocument                                   | Page 10 of 60   | 10 01.18.12           | Desci       | Viaiii                                |
|-------------------------------|---------------------------------------|--|---------------------------------------|---|---|-----------------------|-------------|---------------------------------------|
| Fill in                       | this info                             | ormation to identify your  |                                       |   | Paue 10 01 00   |                       |             |                                       |
| Debto                         |                                       |  |                                       |   |   |                       |             |                                       |
| Debio                         | ' '                                   | Juan L Cruz, III First Name  | Middle Nam                            | ne  | Last Name   |                       |             |                                       |
| Debtor<br>(Spouse             | r 2<br>e, if filing)                  | First Name   | Middle Nam                            | ne  | Last Name   |                       |             |                                       |
| United                        | l States I                            | Bankruptcy Court for the:  | NORTHERN D                            | ISTRICT OF ILLII                          | NOIS  |                       |             |                                       |
| Cooo                          |                                       | -  |                                       |   |   |                       |             |                                       |
| Case                          | number                                |  |                                       |   |   |                       |             | Check if this is an<br>amended filing |
| Offic                         | oial E                                | orm 1061/P   |                                       |   |   |                       |             |                                       |
|                               |                                       | orm 106A/B   | ort.                                  |   |   |                       |             |                                       |
|                               |                                       | Ile A/B: Prop  |                                       | If a                                      |   |                       |             | 12/15                                 |
| think it<br>informa<br>Answer | fits best.<br>ition. If m<br>every qu | Be as complete and accurate ore space is needed, attach a estion.    | e as possible. If<br>a separate sheet | two married people<br>to this form. On th | e are filing together, both are<br>e top of any additional page | e equally responsible | for supplyi | ng correct                            |
| Part 1:                       | Descri                                | pe Each Residence, Building,   | Land, or Other i                      | Real Estate Tou Ov                        | vn or have an interest in                                       |                       |             |                                       |
| 1. <b>Do</b> y                | ou own o                              | r have any legal or equitable  | interest in any r                     | esidence, building                        | , land, or similar property?                                    |                       |             |                                       |
| ■ N                           | o. Go to F                            | Part 2.  |                                       |   |   |                       |             |                                       |
| ☐ Y                           | es. Wher                              | e is the property?   |                                       |   |   |                       |             |                                       |
| Part 2:                       | Describ                               | pe Your Vehicles   |                                       |   |   |                       |             |                                       |
| Do you                        | ı own, le                             | ease, or have legal or equ   | itable interest                       | in any vehicles, v                        | whether they are register                                       | ed or not? Include a  | any vehicle | es you own that                       |
| someo                         | ne else c                             | Irives. If you lease a vehicle                                       | e, also report it o                   | on Schedule G: E                          | xecutory Contracts and Un                                       | expired Leases.       |             | ·                                     |
| 3. Car                        | s, vans,                              | trucks, tractors, sport uti  | lity vehicles, m                      | notorcycles                               |   |                       |             |                                       |
| ПΝ                            | lo                                    |  |                                       |   |   |                       |             |                                       |
| ■ Y                           | -                                     |  |                                       |   |   |                       |             |                                       |
|                               | 00                                    |  |                                       |   |   |                       |             |                                       |
| 3.1                           | Make:                                 | Dodge  | Who h                                 | as an interest in th                      | e property? Check one   | Do not deduct secu    |             | or exemptions. Put ims on Schedule D: |
|                               | Model:                                | Stratus Sedan Base   | ■ Deb                                 | otor 1 only                               |   | Creditors Who Hav     |             |                                       |
|                               | Year:                                 | 2006   |                                       | otor 2 only                               |   | Current value of the  | ne Cu       | rrent value of the                    |
|                               |                                       | nate mileage: 93,6   |                                       | otor 1 and Debtor 2                       |   | entire property?      | рог         | rtion you own?                        |
|                               |                                       | s various mechanical   | At I                                  | east one of the debt                      | ors and another   |                       |             |                                       |
|                               | problei<br>Value.                     | ms. NADA Avg. Trade-<br>Encumbered (PMSI).<br>e surrendered to lende | (see                                  | eck if this is comm<br>e instructions)    | unity property  | \$2,450.              | 00          | \$2,450.00                            |
|                               | 800 No                                | in lender's possession<br>rth Avenue, Ste. 200,<br>ıle Heights, IL.  | at                                    |   |   |                       |             |                                       |
|                               |                                       |  |                                       |   |   |                       |             |                                       |
|                               |                                       | aircraft, motor homes, Al<br>pats, trailers, motors, perso           |                                       |   |   |                       |             |                                       |
| ■ N                           | lo                                    |  |                                       |   |   |                       |             |                                       |
| ПΥ                            | es                                    |  |                                       |   |   |                       |             |                                       |
|                               |                                       |  |                                       |   |   |                       |             |                                       |
| - A-1                         | - ا- عمادات                           | lles velve of the mention of   | an ann far all                        | of vois cutula - f                        | rom Dout O in classical actions                                 | antrice for           |             |                                       |
|                               |                                       | llar value of the portion y<br>have attached for Part 2.             |                                       |   |   |                       |             | \$2,450.00                            |
| 1                             | , ,                                   |  |                                       |   |   |                       |             |                                       |

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Case 16-04973 Doc 1 Filed 02/17/16 Entered 02/17/16 01:18:12 Desc Main Document Page 11 of 60 Case number (if known) Debtor 1 Juan L Cruz, III Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... Misc. used furniture, kitchenware, linens. Jointly owned. Estimated value \$750. \$375.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... Misc. used consumer electronics including: Sony Playstation 4 \$250.00 and games, TV, and cellular phone. 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No Yes. Describe..... Handgun: 9mm Glock \$200.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... Misc. ordinary men's clothing. \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

Case 16-04973 Doc 1 Filed 02/17/16 Entered 02/17/16 01:18:12 Desc Main Document Page 12 of 60 Case number (if known) Debtor 1 Juan L Cruz, III 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,125.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Bank of America. Jointly owned. Balance: \$3,132.10 \$3132.10 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

Issuer name and description.

Yes........... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

Institution name or individual:

■ No

■ No □ Yes.....

☐ Yes. .....

|     |                        | Case 16-04973  | Doc 1                    | Filed 02/17/16<br>Document                         | Entered 02/17<br>Page 13 of 60 | 7/16 01:18:12             | Desc Main   |
|-----|------------------------|--|--------------------------|--|--------------------------------|---------------------------|---|
| De  | ebtor 1                | Juan L Cruz, III   |                          | Document   |                                | ase number (if known)     |   |
| 25. | Trusts                 | , equitable or future intere   | ests in prope            | rty (other than anything                           | g listed in line 1), and       | rights or powers exe      | rcisable for your benefit   |
|     | ☐ Yes.                 | Give specific information a  | about them               |  |                                |                           |   |
|     | Exam <sub>l</sub> ■ No | s, copyrights, trademarks  | s, websites, p           |  |                                | s                         |   |
|     |                        | Give specific information a  |                          |  |                                |                           |   |
| 27. |                        | ses, franchises, and other ples: Building permits, exclu                         |                          |  | holdings, liquor license       | es, professional license  | es  |
|     | ☐ Yes.                 | Give specific information a  | about them               |  |                                |                           |   |
| Mo  | oney or                | property owed to you?  |                          |  |                                |                           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax re                 | funds owed to you  |                          |  |                                |                           |   |
|     | □ No                   | Give specific information al   | hout thom inc            | duding whather you alrea                           | adv filad the returns one      | the toy years             |   |
|     | <b>–</b> 165.          | Give specific information at   | bout trieffi, inc        | duding whether you alread                          | ady filed the returns and      | ine tax years             |   |
|     |                        |  |                          | federal tax refund: (received). Deposited account. |                                | Federal                   | \$0.00  |
|     | Exam <sub>i</sub> ■ No | v support ples: Past due or lump sum Give specific information                   |                          | usal support, child suppo                          | rt, maintenance, divorc        | e settlement, property    | settlement  |
|     | Exam <sub>i</sub> ■ No | amounts someone owes y<br>ples: Unpaid wages, disabili<br>benefits; unpaid loans | ity insurance ¡          |  | efits, sick pay, vacation      | pay, workers' comper      | sation, Social Security   |
|     | ☐ Yes.                 | Give specific information  |                          |  |                                |                           |   |
| 31. |                        | sts in insurance policies ples: Health, disability, or life                      | e insurance; h           | nealth savings account (F                          | HSA); credit, homeowne         | er's, or renter's insuran | ce  |
|     |                        | Name the insurance compa<br>Com  | any of each popany name: | olicy and list its value.                          | Beneficiary                    | r.                        | Surrender or refund value:  |
| 32. | If you                 | terest in property that is care the beneficiary of a livinone has died.          |                          |  |                                | urrently entitled to rece | ive property because  |
|     |                        | Give specific information  |                          |  |                                |                           |   |
| 33. |                        | s against third parties, who   |                          |  |                                | or payment                |   |
|     | _                      | Describe each claim  |                          |  |                                |                           |   |
| 34. | Other No               | contingent and unliquidat  | ted claims of            | every nature, including                            | counterclaims of the           | e debtor and rights to    | set off claims  |
|     |                        | Describe each claim  |                          |  |                                |                           |   |

Official Form 106A/B Schedule A/B: Property page 4

|                |         | Case 16-04973   | Doc 1            | Filed 02/17/16<br>Document | Entered 0<br>Page 14 of | 2/17/16 01:18:12          | Desc Main              |
|----------------|---------|---|------------------|----------------------------|-------------------------|---------------------------|------------------------|
| Debt           | or 1    | Juan L Cruz, III  |                  | Document                   |                         | Case number (if known)    |                        |
|                | No      | ancial assets you did not Give specific information   | already list     |                            |                         |                           |                        |
|                |         | he dollar value of all of your tall of your |                  |                            |                         |                           | \$3,132.10             |
| Part 5         | 5: Des  | scribe Any Business-Related   | Property You     | Own or Have an Interest I  | n. List any real esta   | ate in Part 1.            |                        |
| 37. <b>D</b> o | o you c | own or have any legal or equi   | table interest i | n any business-related p   | roperty?                |                           |                        |
|                | No. Go  | to Part 6.  |                  |                            |                         |                           |                        |
|                | Yes. G  | Go to line 38.  |                  |                            |                         |                           |                        |
| Part 6         |         | scribe Any Farm- and Comme<br>ou own or have an interest in fa  |                  |                            | n or Have an Interes    | st In.                    |                        |
| 46. <b>D</b>   | o you   | own or have any legal or  | equitable in     | terest in any farm- or o   | commercial fishir       | g-related property?       |                        |
| I              | No.     | Go to Part 7.   |                  |                            |                         |                           |                        |
| [              | ☐ Yes.  | . Go to line 47.  |                  |                            |                         |                           |                        |
| Part 7         | 7:      | Describe All Property You   | Own or Have a    | n Interest in That You Dic | l Not List Above        |                           |                        |
|                |         | have other property of al<br>bles: Season tickets, country  |                  |                            |                         |                           |                        |
|                | Yes.    | Give specific information   |                  |                            |                         |                           |                        |
| 54.            | Add t   | he dollar value of all of yo  | our entries fr   | om Part 7. Write that n    | umber here              |                           | \$0.00                 |
|                |         |   |                  |                            |                         |                           |                        |
| Part 8         | B:<br>_ | List the Totals of Each Part  | of this Form     |                            |                         |                           |                        |
| 55.            | Part 1  | : Total real estate, line 2   |                  |                            |                         |                           | \$0.00                 |
| 56.            | Part 2  | 2: Total vehicles, line 5   |                  |                            | \$2,450.00              |                           |                        |
| 57.            | Part 3  | 3: Total personal and hous  | sehold items     | , line 15                  | \$1,125.00              |                           |                        |
| 58.            | Part 4  | l: Total financial assets, li   | ne 36            |                            | \$3,132.10              |                           |                        |
| 59.            | Part 5  | i: Total business-related p   | property, line   | 45                         | \$0.00                  |                           |                        |
|                |         | 6: Total farm- and fishing-   |                  |                            | \$0.00                  |                           |                        |
| 61.            | Part 7  | : Total other property not  | t listed, line 5 | 54 +                       | \$0.00                  |                           |                        |
| 62.            | Total   | personal property. Add lin  | nes 56 through   | h 61                       | \$6,707.10              | Copy personal property to | otal <b>\$6,707.10</b> |
| 63.            | Total   | of all property on Schedu   | ıle A/B. Add li  | ine 55 + line 62           |                         |                           | \$6,707.10             |
|                |         |   |                  |                            |                         |                           |                        |

Official Form 106A/B Schedule A/B: Property page 5

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|   |                         | Docume            | III I AUC 13 OI OO |                       |
|---|-------------------------|-------------------|--------------------|-----------------------|
| Fill in this infor                      | mation to identify your | case:             |                    |                       |
| Debtor 1                                | Juan L Cruz, III        |                   |                    |                       |
|   | First Name              | Middle Name       | Last Name          |                       |
| Debtor 2                                |                         |                   |                    |                       |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name          |                       |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS        |                       |
| Case number                             |                         |                   |                    | <b>–</b> 0. 1.7.1.    |
| (if known)                              |                         |                   |                    | ☐ Check if this is an |
|   |                         |                   |                    | amended filing        |

# Official Form 106C

# Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own  Copy the value from Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. |   | Specific laws that allow exemption |
|--|--|---|---|------------------------------------|
| Misc. used furniture, kitchenware, linens. Jointly owned. Estimated value \$750. Line from Schedule A/B: 6.1                 | \$375.00   |   | \$375.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Misc. used consumer electronics including: Sony Playstation 4 and games, TV, and cellular phone. Line from Schedule A/B: 7.1 | \$250.00   |   | \$250.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Handgun: 9mm Glock Line from Schedule A/B: 10.1  | \$200.00   |   | \$200.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Misc. ordinary men's clothing.<br>Line from <i>Schedule A/B</i> : 11.1   | \$300.00   |   | \$300.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(a)              |
| Checking: Bank of America. Jointly owned. Balance: \$3132.10 Line from Schedule A/B: 17.1                                    | \$3,132.10   |   | \$3,132.10  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |

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Debtor 1 Juan L Cruz, III

3. Are you claiming a homestead exemption of more than \$155,675?
(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Official Form 106C

Yes

|                | Case 16-04973   | Doc 1 Filed 02/17/16 Entered  | d 02/17/16 01:   | 18:12 Desc N                                 | 1ain                        |
|----------------|---|---|--|--|-----------------------------|
| Filli          | in this information to identify you                   |   | 01 00  |  |                             |
| Deb            | tor 1 Juan L Cruz, III                                |   |  |  |                             |
|                | First Name  | Middle Name Last Name   |  | -  |                             |
|                | tor 2 se if, filing) First Name                       | Middle Name Last Name   |  | -  |                             |
| Unit           | ed States Bankruptcy Court for the                    | NORTHERN DISTRICT OF ILLINOIS   |  | _  |                             |
| Cas<br>(if kno | e number<br>  |   |  |  | if this is an<br>ded filing |
|                | cial Form 106D<br>hedule D: Creditors                 | Who Have Claims Secured   | by Propert   | у  | 12/15                       |
| s nee          |   | If two married people are filing together, both are equout, number the entries, and attach it to this form. On  |  |  |                             |
| . Do           | any creditors have claims secured by                  | y your property?  |  |  |                             |
| I              | $\square$ No. Check this box and submit t             | his form to the court with your other schedules. Yo   | u have nothing else                                    | to report on this form.                      |                             |
|                | Yes. Fill in all of the information                   | below.  |  |  |                             |
| Part           | 1: List All Secured Claims                            |   |  |  |                             |
|                |   | more than one secured claim, list the creditor separately   | Column A   | Column B                                     | Column C                    |
| for e          | ach claim. If more than one creditor has              | s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion           |
| 2.1            | CNAC  | Describe the property that secures the claim:   | \$8,595.00   | \$2,450.00                                   | If any <b>\$6,145.00</b>    |
|                | Creditor's Name  Attn: IL121                          | 2006 Dodge Stratus Sedan Base 93,000 miles Car has various mechanical problems. NADA Avg. Trade-in Value. Encumbered (PMSI). Vehicle surrendered to lender and is in lender's possession at 800 North |  |  |                             |
|                | 800 North Avenue, Ste.<br>200<br>Glendale Heights, IL | Avenue, Ste. 200, Glendale Heights, IL.  As of the date you file, the claim is: Check all that  |  |  |                             |
|                | 60139   | apply.  Contingent  |  |  |                             |
|                | Number, Street, City, State & Zip Code                | ☐ Unliquidated  |  |  |                             |
| Who            | o owes the debt? Check one.                           | Disputed  Nature of lien. Check all that apply.   |  |  |                             |
| _              | Debtor 1 only   | ■ An agreement you made (such as mortgage or secu   | ıred   |  |                             |
|                | Debtor 2 only   | car loan)   | ai <del>c</del> u                                      |  |                             |
|                | Debtor 1 and Debtor 2 only                            | ☐ Statutory lien (such as tax lien, mechanic's lien)  |  |  |                             |
|                | t least one of the debtors and another                | ☐ Judgment lien from a lawsuit  |  |  |                             |
|                | check if this claim relates to a                      | Other (including a right to offset) PMSI (car)  |  |  |                             |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,595.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$8,595.00

Last 4 digits of account number

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

0132

community debt

Date debt was incurred 09/2014

Filed 02/17/16 Case 16-04973 Doc 1 Entered 02/17/16 01:18:12 Desc Main Page 18 of 60 Document Fill in this information to identify your case: Debtor 1 Juan L Cruz, III Middle Name Last Name First Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount 2.1 \$0.00 Kailah Ballard Last 4 digits of account number 5099 \$0.00 \$0.00 Priority Creditor's Name 2966 Genoa Rd. When was the debt incurred? 2014 Belvidere, IL 61008 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify

# Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Child Support. Notice Only

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Document Page 19 of 60 Debtor 1 Juan L Cruz, III Case number (if know) Advocate Lutheran General 5099 Unknown 4.1 Hospital Last 4 digits of account number Nonpriority Creditor's Name **Attn: Patient Accounts** When was the debt incurred? Unknown PO Box 3039 Oakbrook, IL 60522-3039 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services. Notice Only ☐ Yes 4.2 **Advocate Medical Group** 0582 Last 4 digits of account number \$242.00 Nonpriority Creditor's Name 701 Lee Street When was the debt incurred? 10/2014 Des Plaines, IL 60016 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Services** Other. Specify 4.3 Anthony B. D'Souza, MD Last 4 digits of account number 5099 \$126.00 Nonpriority Creditor's Name 6072 Brynwood Dr. #205 When was the debt incurred? 2012 Rockford, IL 61114 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No

☐ Yes

☐ Student loans

Other. Specify

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

**Medical Services** 

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 Juan L Cruz, III Case number (if know) 4.4 AT&T Services, Inc Last 4 digits of account number 5099 \$841.00 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? One AT&T Way, Room 3A104 Bedminster, NJ 07921 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Cellular Services ☐ Yes 4.5 BMO Harris Bank, N.A. Last 4 digits of account number 8618 \$176.81 Nonpriority Creditor's Name Recovery Dept. When was the debt incurred? 2014 180 Executive Drive, Suite 200 Brookfield, WI 53005 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Bank Service Charges and Fees ☐ Yes 4.6 Capital One Bank USA \$642.00 Last 4 digits of account number 7523 Nonpriority Creditor's Name PO Box 30281 When was the debt incurred? 01/2014 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Juan L Cruz, III Case number (if know) 4.7 **Carlyle Auto Sales** Last 4 digits of account number 5099 Unknown Nonpriority Creditor's Name 151 S. Alpine Rd When was the debt incurred? Unknown Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Car Loan Deficiency ☐ Yes 4.8 **CEPAmerica Illinois LLP** Last 4 digits of account number 1179 Unknown Nonpriority Creditor's Name 1601 Cummins Dr. Ste. D When was the debt incurred? 2014 Modesto, CA 95358-6403 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts  $\Pi$  Yes **Medical Services** Other. Specify 4.9 **Chex Systems** Last 4 digits of account number 5099 \$0.00 Nonpriority Creditor's Name Attn: Civil Process Clerk When was the debt incurred? 7805 Hudson Road, Suite 100 Woodbury, MN 55125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice Only ☐ Yes

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Document Page 22 of 60 Debtor 1 Juan L Cruz, III Case number (if know) 4.1 4105 \$291.99 Comcast Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 3002 When was the debt incurred? 03/2015 Southeastern, PA 19398-3002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Cable Services ☐ Yes 4.1 **ComEd Company** 5099 \$291.00 Last 4 digits of account number Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred? 2013 Attn: Claims Dept. Oak Brook, IL 60181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Utility Services Provider ☐ Yes 4.1 **DIRECTTY LLC** 5099 \$891.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcies When was the debt incurred? Unknown PO Box 6550 Greenwood Village, CO 80155-6550 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

■ Other. Specify Cable Services

report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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debt

■ No

☐ Yes

■ Other. Specify Unknown.

report as priority claims

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

Collections / Debt Buyer. Original Creditor

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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| Debto    | 1 Juan L Cruz, III   | Document Page 2  | 4 of 60<br>Case number (if know)                  |          |
|----------|--|--|---|----------|
| 4.1      | Loves Park Water Dept.   | Last 4 digits of account number                                | 0002  | \$29.17  |
|          | Nonpriority Creditor's Name PO Box 2275                              | When was the debt incurred?                                    | 2014  |          |
|          | Loves Park, IL 61131-0275  |  | Street Land Land                                  |          |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                             | s: Cneck all that apply                           |          |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |          |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                  | d claim:  |          |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |
|          | debt Is the claim subject to offset?                                 | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not      |          |
|          | ■ No   | Debts to pension or profit-sharing                             | g plans, and other similar debts                  |          |
|          | Yes  | Other. Specify Utility Serv                                    | ices  |          |
| 4.1      | Mutual Management SVC  | Last 4 digits of account number                                | 1163  | \$399.00 |
|          | Nonpriority Creditor's Name 401 E. State St.                         | When was the debt incurred?                                    | 09/2012   |          |
|          | Rockford, IL 61104-1027  Number Street City State Zlp Code           | As of the date you file, the claim i                           | s: Check all that apply                           |          |
|          | Who incurred the debt? Check one.                                    | •  | ,   |          |
|          | Debtor 1 only  | ☐ Contingent   |   |          |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                  | d claim:  |          |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |
|          | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did not      |          |
|          | ■ No   | Debts to pension or profit-sharin                              | g plans, and other similar debts                  |          |
|          | Yes  | ■ Other. Specify Collections Original creations                | for medical services provider.<br>editor unknown. |          |
|          |  |  |   |          |
| 4.1<br>8 | Nicor Gas  Nonpriority Creditor's Name                               | Last 4 digits of account number                                | 0191  | \$135.00 |
|          | Attn: Bankruptcy and Collections Aurora, IL 60507-0549               | When was the debt incurred?                                    | 2011  |          |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim i                           | is: Check all that apply                          |          |
|          | Who incurred the debt? Check one.                                    |  |   |          |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |          |
|          | Debtor 2 only  | ☐ Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                  | d claim:  |          |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |
|          | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did not      |          |

■ No

☐ Yes

■ Other. Specify Utility Services

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts Case 16-04973 Doc 1 Filed 02/17/16 Entered 02/17/16 01:18:12 Desc Main

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| Nonp<br>318<br>Roc<br>Numl<br>Who    | F Lifeline Ambulance, LLC priority Creditor's Name Roxbury Rd Ekford, IL 61107 Deer Street City State Zlp Code incurred the debt? Check one. ebtor 1 only ebtor 2 only | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim in  Contingent Unliquidated Disputed   |   | \$632.00 |
|--------------------------------------|--|--|---|----------|
| □ A<br>□ C<br>debt                   | t least one of the debtors and another heck if this claim is for a community e claim subject to offset?  | Type of NONPRIORITY unsecured  Student loans   | aration agreement or divorce that you did not   |          |
| None<br>PO<br>Holi<br>Numi           | est Diagnostics priority Creditor's Name Box 7306 lister, MO 65673-7306 ber Street City State Zlp Code incurred the debt? Check one.                                   | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim   | 4500 2013 is: Check all that apply  | \$8.40   |
| ☐ D ☐ A ☐ C debt                     | e claim subject to offset?   | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify  Medical Se  | aration agreement or divorce that you did not   |          |
| Nonp 140 Roc Numi Who D D D A C debt | e claim subject to offset?<br>o  | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Medical Se | d claim:  Iration agreement or divorce that you did not  g plans, and other similar debts | \$55.00  |

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Document Page 26 of 60 Debtor 1 Juan L Cruz, III Case number (if know) 4.2 **Riverside Dental Center** 5099 \$1,004.50 Last 4 digits of account number 2 Nonpriority Creditor's Name 2028 E. Riverside Blvd. 02/2014 When was the debt incurred? Suite 210 Loves Park, IL 61111-4800 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Dental Services ☐ Yes 4.2 5099 \$1,310.00 Sprint Corp. Last 4 digits of account number 3 Nonpriority Creditor's Name Attn. Bankruptcy Dept. When was the debt incurred? 01/2015 PO Box 7949 **Overland Park, KS 66207-0949** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Cellular Services ☐ Yes 4.2 **SwedishAmerican** 5099 Unknown Last 4 digits of account number Nonpriority Creditor's Name **Attn: Patient Accounts** When was the debt incurred? Unknown 1401 East State Street Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:

debt

■ No

☐ Yes

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical Services. Notice Only.

☐ Student loans

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

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Who incurred the debt? Check one.

□ Debtor 1 only □ Contingent
□ Debtor 2 only □ Unliquidated
□ Debtor 1 and Debtor 2 only □ Disputed
□ At least one of the debtors and another
□ Check if this claim is for a community debt
Is the claim subject to offset? □ Debts to pension or profit-sharing plans, and other similar debts
□ Other. Specify □ Student Loan

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Debtor 1 Juan L Cruz, III Case number (if know) 4.2 **Universal Acceptance / Carhop** 2584 \$5,397.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 10801 Red Circle Dr. 04/2013 When was the debt incurred? Hopkins, MN 55343 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Car Loan Deficiency ☐ Yes 4.2 5099 Universal Tech. Institute \$3,410.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 601 Regency Dr. When was the debt incurred? Glendale Heights, IL 60139 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify School Tuition ☐ Yes 4.3 Verizon Wireless (BK) 6275 Unknown Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? Unknown 1515 Woodfield Rd Schaumburg, IL 60173 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Cellular Services

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| World Finance Corp.  | Last 4 digits of account number  | 0103  | \$1,218.00                |
|--|--|---|---------------------------|
| Nonpriority Creditor's Name POB 6429   | When was the debt incurred?  | 10/2013   |                           |
| Greenville, SC 29606  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Check all that apply  |                           |
| ■ Debtor 1 only  | ☐ Contingent   |   |                           |
| Debtor 2 only  | ☐ Unliquidated   |   |                           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                           |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:  |                           |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |                           |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not   |                           |
| ■ No   | Debts to pension or profit-shari   | ng plans, and other similar debts   |                           |
| ☐ Yes  | Other. Specify Installmen  | Account.  | -                         |
| Part 3: List Others to Be Notified About a Do . Use this page only if you have others to be notified is trying to collect from you for a debt you owe to shave more than one creditor for any of the debts the notified for any debts in Parts 1 or 2, do not fill out | about your bankruptcy, for a debt that someone else, list the original creditor in the source of the | n Parts 1 or 2, then list the collection agenc<br>itional creditors here. If you do not have ad                             | y here. Similarly, if you |
| Name and Address   | On which entry in Part 1 or Part 2 did you   |   |                           |
| Account Recovery Solutions<br>5183 Harlem Rd.  |  | Part 1: Creditors with Priority Unsecured Cla   |                           |
| Loves Park, IL 61111-3448  |  | Part 2: Creditors with Nonpriority Unsecured  | Claims                    |
| •  | Last 4 digits of account number  | xxxx  |                           |
| Name and Address Account Recovery Solutions 5183 Harlem Rd.  |  | list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured    |                           |
| Loves Park, IL 61111-3448  | Last 4 digits of account number  | xxxx  |                           |
| Name and Address<br>AFNI<br>PO Box 3097<br>Bloomington, IL 61702-3097  | _  | list the original creditor? Part 1: Creditors with Priority Unsecured Cla Part 2: Creditors with Nonpriority Unsecured 5402 |                           |
| Name and Address   | On which entry in Part 1 or Part 2 did you   | list the original creditor?   |                           |
| AFNI   |  | Part 1: Creditors with Priority Unsecured Cla   | ims                       |
| PO Box 3097  |  | Part 2: Creditors with Nonpriority Unsecured  | Claims                    |
| Bloomington, IL 61702-3097   | Last 4 digits of account number  | 0462  |                           |
| Name and Address<br>ATG Credit LLC<br>PO Box 14895   |  | list the original creditor?  Part 1: Creditors with Priority Unsecured Cla Part 2: Creditors with Nonpriority Unsecured     |                           |
| Chicago, IL 60614  | Last 4 digits of account number  | . ,   |                           |
| Managara Addasa  |  | list the spirite of any discorp   |                           |
| Name and Address<br>BMO Harris Bank  | On which entry in Part 1 or Part 2 did you Line <b>4.5</b> of ( <i>Check one</i> ):  | l list the original creditor?<br>I Part 1: Creditors with Priority Unsecured Cla  | ims                       |
| PO Box 4320  |  | Part 2: Creditors with Nonpriority Unsecured  |                           |
| Carol Stream, IL 60197-4320  | Last 4 digits of account number  | 2.12.12.12 13.1p.13.11, 2.13334104  |                           |
| Name and Address   | <u> </u>   | list the existed and the -O   |                           |
| Name and Address Contract Callers Inc.   | On which entry in Part 1 or Part 2 did you Line <b>4.11</b> of ( <i>Check one</i> ):   | llist the original creditor?<br>Part 1: Creditors with Priority Unsecured Cla   | ims                       |
| 501 Greene Street<br>3rd Floor, Suite 302  |  | Part 2: Creditors with Nonpriority Unsecured  |                           |
| Augusta, GA 30901  | Last 4 digits of account number  |   |                           |
|  | Last 4 digits of account number  | XXXX  |                           |

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| Debtor 1 Juan L Cruz, III                       | Case number (if know)  |  |
|---|--|--|
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| Convergent Outsourcing                          | Line <b>4.10</b> of ( <i>Check one</i> ):  |  |
| PO Box 9004                                     | Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Renton, WA 98057                                |  |  |
|   | Last 4 digits of account number XXXX   |  |
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| Convergent Outsourcing<br>800 SW 39th St.       | Line 4.12 of (Check one):  |  |
| PO Box 9004                                     | Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Renton, WA 98057                                |  |  |
|   | Last 4 digits of account number 4981   |  |
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| IL Dept. of Healthcare & Fam. Svcs.             | Line 2.1 of (Check one):   |  |
| Attn: Bankruptcy                                | ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| 509 S. 6th St.<br>Springfield, IL 62701-1825    |  |  |
| <b>Opinig</b>                                   | Last 4 digits of account number 5099   |  |
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| Midland Credit Management, Inc                  | Line 4.6 of (Check one):   |  |
| 2365 Northside Dr, Suite 300                    | Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| San Diego, CA 92108                             | Last 4 digits of account number 7814   |  |
| N. 1811   | ·  |  |
| Name and Address Midland Funding LLC            | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.6 of (Check one): |  |
| 8875 Aero Dr.                                   | Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Suite 200                                       | Fait 2. Creditors with Nonpriority Onsecured Claims  |  |
| San Diego, CA 92123                             | Look & divide of account according   |  |
|   | Last 4 digits of account number  |  |
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| Rockford Merchantile Agency PO Box 5847         | Line 4.19 of (Check one):  |  |
| Rockford, IL 61125-0847                         | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|   | Last 4 digits of account number 0046   |  |
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| SW Credit Systems Inc.                          | Line 4.10 of (Check one):  |  |
| 4120 International Pkwy #100                    | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Carrollton, TX 75007                            | Last 4 digits of account number  |  |
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| Transworld Systems Inc.                         | Line 4.5 of (Check one):   |  |
| 507 Prudential Rd.                              | Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Horsham, PA 19044                               | Last 4 digits of account number 8618   |  |
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| U.S. Department of Education                    | Line 4.27 of (Check one):  |  |
| Attn: Sec'y of Education                        | Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| 400 Maryland Ave., S.W.                         | Tak Zi Oroakoto iliai Nongiloniy oroacaloa olaimo  |  |
| Washington, DC 20202                            | Last 4 digits of account number 5099   |  |
|   |  |  |
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| United States Attorney (for Dept. of Education) | Line 4.27 of (Check one):  |  |
| 219 S. Dearborn St., 5th Floor                  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Chicago, IL 60604                               | Look A divide of consent acceptance  |  |
|   | Last 4 digits of account number 5099   |  |
| Name and Address                                | On which entry in Part 1 or Part 2 did you list the original creditor?                           |  |
| World Finance Corp.                             | Line <b>4.31</b> of ( <i>Check one</i> ):  |  |

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Debtor 1 Juan L Cruz, III Case number (if know)

1464 N. State St. Belvidere, IL 61008

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|     |   |  |   | otal Claim  |
|-----|---|--|---|---|
| 6a. | Domestic support obligations  | 6a.  | \$  | 0.00  |
|     |   |  |   |   |
| 6b. | Taxes and certain other debts you owe the government  | 6b.  | \$  | 0.00  |
| 6c. | Claims for death or personal injury while you were intoxicated  | 6c.  | \$  | 0.00  |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.  | \$  | 0.00  |
| 6e. | Total Priority. Add lines 6a through 6d.  | 6e.  | \$  | 0.00  |
|     |   |  | 1   | otal Claim  |
| 6f. | Student loans   | 6f.  | \$  | 2,964.00  |
|     |   |  |   |   |
| 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.  | \$  | 0.00  |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.  | \$  | 0.00  |
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i.  | \$  | 17,362.87   |
| 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j.  | \$  | 20,326.87   |
|     | 6b.<br>6c.<br>6d.<br>6e.<br>6f.<br>6g.<br>6h.   | <ul> <li>6b. Taxes and certain other debts you owe the government</li> <li>6c. Claims for death or personal injury while you were intoxicated</li> <li>6d. Other. Add all other priority unsecured claims. Write that amount here.</li> <li>6e. Total Priority. Add lines 6a through 6d.</li> <li>6f. Student loans</li> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other similar debts</li> <li>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</li> </ul> | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i. | 6a. \$  6b. Taxes and certain other debts you owe the government 6b. \$  6c. Claims for death or personal injury while you were intoxicated 6c. \$  6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$  6e. Total Priority. Add lines 6a through 6d. 6e. \$  6f. Student loans 6f. \$  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$  6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$  6a. \$  6b. \$  6c. \$  6c. \$  6d. \$  6e. \$  6f. \$  6g. \$  6g. \$  6h. |

Fill in this information to identify your case: Debtor 1 Juan L Cruz, III Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for                            |
|--|--|
| 2.1 Howard Jacobson Des Plaines, IL 60016  | 12-month written residential lease agreement. Debtor is co-lessee. |

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|-----------------|--|------------------------------------|--|--|
| Fill in th      | nis information to identify your           | case:                              |  |  |
| Debtor 1        | Juan L Cruz, III                           |                                    |  |  |
|                 | First Name                                 | Middle Name                        | Last Name  |  |
| Debtor 2        |  | Middle News                        | Land   |  |
| (Spouse if,     | filing) First Name                         | Middle Name                        | Last Name  |  |
| United S        | States Bankruptcy Court for the:           | NORTHERN DISTRICT OF IL            | LLINOIS  |  |
| Case nu         | ımhar                                      |                                    |  |  |
| (if known)      |  |                                    |  | ☐ Check if this is an  |
|                 |  |                                    |  | amended filing   |
| ~ <i>((</i> : . | 15 40011                                   |                                    |  |  |
|                 | al Form 106H                               |                                    |  |  |
| Sche            | edule H: Your Cod                          | ebtors                             |  | 12/15  |
|                 |  |                                    |  |  |
|                 |  |                                    | u may have. Be as complete and acc   |  |
|                 |  |                                    | ; correct information. If more space i<br>Additional Page to this page. On the | is needed, copy the Additional Page,   |
|                 | ne and case number (if known)              |                                    | Additional Page to this page. On the   | top of any Additional Pages, write   |
|                 | ,  | , ,                                |  |  |
| 1. D            | o you have any codebtors? (If              | you are filing a joint case, do no | t list either spouse as a codebtor.  |  |
|                 | lo   |                                    |  |  |
| ·               |  |                                    |  |  |
| ·               |  |                                    |  |  |
|                 |  |                                    | ty state or territory? (Community prop   |  |
| AIIZ            | ona, California, Idano, Louisiana,         | , Nevada, New Μεχίζο, Pueπo κ      | Rico, Texas, Washington, and Wiscons   | in.)   |
|                 | lo. Go to line 3.                          |                                    |  |  |
| _               | es. Did your spouse, former spou           | use, or legal equivalent live with | you at the time?   |  |
|                 |  | ,                                  | •  |  |
| 2 ln C          | Calumn 4 list all of varie and but         | ore. De not include veur ener      | on an anadabter if your analysis is f  | lling with you I ist the person showing  |
|                 |  |                                    |  | iling with you. List the person shown<br>d the creditor on Schedule D (Officia |
| For             | m 106D), Schedule E/F (Official            |                                    |  | D, Schedule E/F, or Schedule G to fil  |
| out             | Column 2.                                  |                                    |  |  |
|                 | Column 1: Your codebtor                    |                                    |  | creditor to whom you owe the debt  |
|                 | Name, Number, Street, City, State and Z    | .P Code                            | Check all sched  | dules that apply:  |
|                 |  |                                    |  |  |
| 3.1             | Kailah Ballard                             |                                    | ☐ Schedule [   | D, line  |
|                 | 2966 Genoa Rd.                             |                                    | ■ Schedule E   | F/F, line <b>4.28</b>  |
|                 | Belvidere, IL 61008                        |                                    | ☐ Schedule 0   |  |
|                 |  |                                    | Universal Ac   | ceptance / Carhop  |
|                 |  |                                    |  |  |
|                 |  |                                    |  |  |
| 3.2             | Kailah Ballard                             |                                    | ☐ Schedule [   | ) line   |
| 0.2             | 2966 Genoa Rd.                             |                                    |  | E/F, line <b>4.26</b>  |
|                 | Belvidere, IL 61008                        |                                    | ☐ Schedule 0   |  |
|                 |  |                                    |  | of Cedar Village   |
|                 |  |                                    |  |  |
|                 |  |                                    |  |  |
| 3.3             | Michelle Marlege                           |                                    | Contrador 5  | ) line   |
| 3.3             | Michelle Marlega<br>790 Lee Street, Apt. 4 |                                    | ☐ Schedule E   | 5, line<br>E/F, line   |
|                 | Des Plaines, IL 60016                      |                                    | ■ Schedule 0   |  |
|                 | ·  |                                    | Howard Jaco  |  |

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| <b>-:</b> 11       | in this information to identify your   | 2000  |  |                       |  | 1                                |                |                            |                           |                 |
|--------------------|--|---|--|-----------------------|--|----------------------------------|----------------|----------------------------|---------------------------|-----------------|
|                    | in this information to identify your obtor 1  Juan L Crus  |   |  |                       |  |                                  |                |                            |                           |                 |
|                    | btor 2  buse, if filing)   | -, ···  |  |                       |  |                                  |                |                            |                           |                 |
| Uni                | ited States Bankruptcy Court for the   | e: NORTHERN DISTRIC   | CT OF ILLINOIS                             |                       |  |                                  |                |                            |                           |                 |
|                    | se number<br>nown)   |   | -  | ☐ An ame              | Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date: |                                  |                |                            |                           |                 |
| 0                  | fficial Form 106I  |   |  |                       |  |                                  |                |                            | owing date.               |                 |
|                    | chedule I: Your Inc  | ome   |  | WIWI / D              | MM / DD/ YYYY<br>12/   |                                  |                |                            |                           |                 |
| sup<br>spo<br>atta | as complete and accurate as pos<br>plying correct information. If you<br>use. If you are separated and yo<br>ch a separate sheet to this form. | i are married and not fili<br>ur spouse is not filing w<br>On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i<br>de infori | s liv<br>nati  | ing with you, i<br>on about your | nclu<br>spoi   | de informa<br>use. If more | ition about<br>e space is | your<br>needed, |
| 1.                 | Fill in your employment information.   |   | Debtor 1                                   | Debt                  | Debtor 2 or non-filling spouse   |                                  |                |                            |                           |                 |
|                    | If you have more than one job, attach a separate page with information about additional employers.   | Employment status   | ☐ Employed                                 |                       |  |                                  | ☐ Employed     |                            |                           |                 |
|                    |  | Employment status   | ■ Not employed                             |                       |  |                                  | ☐ Not employed |                            |                           |                 |
|                    |  | Occupation  |  |                       |  |                                  |                |                            |                           |                 |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name   |  |                       |  |                                  |                |                            |                           |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address  |  |                       |  |                                  |                |                            |                           |                 |
|                    |  | How long employed t   | here?                                      |                       |  |                                  |                |                            |                           |                 |
| Par                | rt 2: Give Details About Mo  | nthly Income  |  |                       |  |                                  |                |                            |                           |                 |
|                    | mate monthly income as of the cuse unless you are separated.   | late you file this form. If   | you have nothing to r                      | eport for             | any  | line, write \$0 in               | the s          | space. Inclu               | ıde your no               | n-filing        |
|                    | ou or your non-filing spouse have mee space, attach a separate sheet to  |   | ombine the informatio                      | n for all e           | empl   | oyers for that po                | ersor          | on the line                | es below. If              | you need        |
|                    |  |   |  |                       |  | For Debtor 1                     |                | For Debte                  |                           |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |   |  | 2.                    | \$   | 0.0                              | 0              | \$                         | N/A                       |                 |
| 3.                 | Estimate and list monthly over   | time pay.   |  | 3.                    | +\$  | 0.0                              | 0              | +\$                        | N/A                       |                 |
| 4.                 | Calculate gross Income. Add li   | ne 2 + line 3.  |  | 4.                    | \$   | 0.00                             | -              | \$                         | N/A                       |                 |

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| Deb | otor 1        | Juan L Cruz, III   |            | Case          | number (if ki | nown)        |           |                                   |            |          |
|-----|---------------|--|------------|---------------|---------------|--------------|-----------|-----------------------------------|------------|----------|
|     |               |  |            |               |               |              |           |                                   |            |          |
|     |               |  |            |               | For Debtor 1  |              |           | For Debtor 2 or non-filing spouse |            |          |
|     | Cop           | y line 4 here  | 4.         | \$            |               | 0.00         | \$        | -illing s                         | N/A        |          |
| _   |               |  |            | <b>-</b>      |               |              | *-        |                                   | 1071       |          |
| 5.  |               | all payroll deductions:  |            |               |               |              |           |                                   |            |          |
|     | 5a.           | Tax, Medicare, and Social Security deductions  | 5a.        |               |               | 0.00         | \$_       |                                   | N/A        |          |
|     | 5b.           | Mandatory contributions for retirement plans   | 5b.        | : —           |               | 0.00         | \$_       |                                   | N/A        |          |
|     | 5c.<br>5d.    | Voluntary contributions for retirement plans Required repayments of retirement fund loans  | 5c.<br>5d. | · · · · ·     |               | 0.00         | \$_<br>\$ |                                   | N/A<br>N/A |          |
|     | 5u.<br>5e.    | Insurance  | 5u.<br>5e. | : —           |               | 0.00<br>0.00 | \$<br>    |                                   | N/A        |          |
|     | 5f.           | Domestic support obligations   | 5f.        | · · —         |               | 0.00         | \$_       |                                   | N/A        |          |
|     | 5g.           | Union dues   | 5g.        | : —           |               | 0.00         | \$_       |                                   | N/A        |          |
|     | 5h.           | Other deductions. Specify:   | _ 5h.      |               |               |              | + \$_     |                                   | N/A        |          |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$_           | (             | 0.00         | \$_       |                                   | N/A        |          |
| 7.  | Calc          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$_           | (             | 0.00         | \$        |                                   | N/A        |          |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |            |               |               |              |           |                                   |            |          |
|     |               | monthly net income.  | 8a.        |               |               | 0.00         | \$_       |                                   | N/A        |          |
|     | 8b.           | Interest and dividends   | 8b.        | . \$_         | (             | 0.00         | \$_       |                                   | N/A        |          |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$            | (             | 0.00         | \$        |                                   | N/A        |          |
|     | 8d.           | Unemployment compensation  | 8d.        | . \$          |               | 0.00         | \$_       |                                   | N/A        |          |
|     | 8e.           | Social Security  | 8e.        | . \$          | (             | 0.00         | \$        |                                   | N/A        |          |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:   | 8f.        | \$            | (             | 0.00         | \$        |                                   | N/A        |          |
|     | 8g.           | Pension or retirement income   | _<br>8g.   | . \$          |               | 0.00         | \$_       |                                   | N/A        |          |
|     | 8h.           | Other monthly income. Specify:   | _ 8h.      | .+ \$         | (             | 0.00         | + \$      |                                   | N/A        |          |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$            | (             | 0.00         | \$_       |                                   | N/A        | <u> </u> |
| 10. | Calc          | culate monthly income. Add line 7 + line 9.  | 10.        | \$            | 0.00          | + \$         |           | N/A                               | = \$       | 0.00     |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            | · <del></del> |               | ` •          |           |                                   | -          |          |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives.  Not include any amounts already included in lines 2-10 or amounts that are not a cify:  Fiance's contributions to Debtor's expenses   | depe       |               |               |              |           | Schedule<br>11.                   |            | 1,390.00 |
| 40  |               | the amount in the last solution of the ASA o |            | d             | ali tara d    |              |           | Γ                                 |            |          |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rest<br>e that amount on the Summary of Schedules and Statistical Summary of Certain<br>ies   |            |               |               |              |           | . 12.                             | \$         | 1,390.00 |
|     |               |  |            |               |               |              |           |                                   | Combin     |          |
| 13. | Do y          | you expect an increase or decrease within the year after you file this form? No.   | ?          |               |               |              |           |                                   | inonthly   | / income |
|     |               | Yes. Explain: - Unemployed since 03 FEB 2016 - Debtor anticipates working as a truck driver after  | er De      | ebtor o       | obtains C     | DL I         | icense    | ).                                |            |          |

Official Form 106I Schedule I: Your Income page 2

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| Fill        | n this informa                                | ation to identify yo               | our case:                            |   |   |                 |                                       |                               |  |  |  |  |  |  |
|-------------|---|------------------------------------|--------------------------------------|---|---|-----------------|---------------------------------------|-------------------------------|--|--|--|--|--|--|
| Debt        |   | Juan L Cruz                        |                                      |   |   |                 | k if this is:<br>An amended filing    |                               |  |  |  |  |  |  |
| Debt        |   |                                    |                                      |   |   | <i>f</i>        | A supplement show                     | ving postpetition chapter     |  |  |  |  |  |  |
| ` '         | ouse, if filing)                              |                                    |                                      |   |   |                 | 13 expenses as of the following date: |                               |  |  |  |  |  |  |
| Unite       | ed States Bankı                               | ruptcy Court for the               | : NORTH                              | HERN DISTRICT OF ILLIN  | OIS                                     | N               | MM / DD / YYYY                        |                               |  |  |  |  |  |  |
| 1           | e number<br>nown)                             |                                    |                                      |   |   |                 |                                       |                               |  |  |  |  |  |  |
|             |   | orm 106J                           | <del></del> _                        |   |   |                 |                                       |                               |  |  |  |  |  |  |
| Be a        | as complete<br>rmation. If m<br>nber (if know |                                    | possible<br>eded, atta<br>ry questio | . If two married people ar<br>ich another sheet to this                     |   |                 |                                       |                               |  |  |  |  |  |  |
| 1.          | Is this a joir                                |                                    | iloiu                                |   |   |                 |                                       |                               |  |  |  |  |  |  |
|             | ■ No. Go to                                   |                                    | in a separ                           | ate household?  |   |                 |                                       |                               |  |  |  |  |  |  |
|             | □ N<br>□ Y                                    | -                                  | st file Offic                        | ial Form 106J-2, <i>Expenses</i>  | s for Separate House                    | ehold of Debto  | or 2.                                 |                               |  |  |  |  |  |  |
| 2.          | Do you have dependents? ☐ No                  |                                    |                                      |   |   |                 |                                       |                               |  |  |  |  |  |  |
|             | YAS   |                                    |                                      | Fill out this information for each dependent                                | Dependent's relati<br>Debtor 1 or Debto |                 | Dependent's age                       | Does dependent live with you? |  |  |  |  |  |  |
|             | Do not state dependents                       |                                    |                                      |   | Son                                     |                 | 6 mos                                 | □ No ■ Yes                    |  |  |  |  |  |  |
|             | acpendents                                    | names.                             |                                      |   |   |                 |                                       | ■ res                         |  |  |  |  |  |  |
|             |   |                                    |                                      |   |   |                 |                                       | ☐ Yes                         |  |  |  |  |  |  |
|             |   |                                    |                                      |   |   |                 |                                       | □ No<br>□ Yes                 |  |  |  |  |  |  |
|             |   |                                    |                                      |   |   |                 |                                       | ☐ Yes                         |  |  |  |  |  |  |
|             |   |                                    |                                      |   |   |                 |                                       | ☐ Yes                         |  |  |  |  |  |  |
| 3.          |   | penses include                     |                                      | No  | <del></del>                             |                 | <del></del>                           |                               |  |  |  |  |  |  |
|             | yourself an                                   | f people other t<br>d your depende | nts?                                 | Yes   |   |                 |                                       |                               |  |  |  |  |  |  |
| Esti<br>exp | mate your ex                                  |                                    | our bankr                            | ly Expenses<br>uptcy filing date unless y<br>sy is filed. If this is a supp |   |                 |                                       |                               |  |  |  |  |  |  |
| the         |   | h assistance an                    |                                      | government assistance i<br>cluded it on <i>Schedule I:</i> \                |   |                 | Your exp                              | enses                         |  |  |  |  |  |  |
| 4.          |   | or home owners                     |                                      | nses for your residence. I<br>or lot.                                       | nclude first mortgag                    | e<br>4. \$      |                                       | 850.00                        |  |  |  |  |  |  |
|             | If not include                                | ded in line 4:                     |                                      |   |   |                 |                                       |                               |  |  |  |  |  |  |
|             | 4a. Real                                      | estate taxes                       |                                      |   |   | 4a. \$          |                                       | 0.00                          |  |  |  |  |  |  |
|             | 4b. Prope                                     | erty, homeowner's                  | s, or renter                         | 's insurance  |   | 4b. \$          |                                       | 0.00                          |  |  |  |  |  |  |
|             |   |                                    |                                      | upkeep expenses   |   | 4c. \$          |                                       | 0.00                          |  |  |  |  |  |  |
| 5           |   | owner's associat                   |                                      | dominium dues<br><b>our residence,</b> such as ho                           | me equity loops                         | 4d. \$<br>5. \$ |                                       | 0.00<br>0.00                  |  |  |  |  |  |  |
| 5.          | AuditiOlial l                                 | mortgage payme                     | ento IUF V                           | our residence, such as no   | THE EQUILY IUDITS                       | ე. ა            |                                       | U.UU                          |  |  |  |  |  |  |

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| Deb | tor 1   | Juan L Cruz, III   | Case num     | ber (if known)    |                              |
|-----|---------|--|--------------|-------------------|------------------------------|
| 6.  | Utiliti | ies:   |              |                   |                              |
| 0.  | 6a.     | Electricity, heat, natural gas   | 6a.          | \$                | 0.00                         |
|     | 6b.     | Water, sewer, garbage collection   | 6b.          |                   | 0.00                         |
|     | 6c.     | Telephone, cell phone, Internet, satellite, and cable services                               | 6c.          |                   | 0.00                         |
|     | 6d.     | Other. Specify:  | 6d.          | ,                 | 0.00                         |
| 7.  |         | I and housekeeping supplies  |              | ·                 | 250.00                       |
| 8.  |         | dcare and children's education costs   | 8.           | \$                | 20.00                        |
| 9.  |         | ning, laundry, and dry cleaning  | 9.           |                   | 25.00                        |
| -   |         | onal care products and services  | 10.          | ·                 | 15.00                        |
|     |         | cal and dental expenses  | 11.          | ·                 | 0.00                         |
|     |         | sportation. Include gas, maintenance, bus or train fare.                                     | 11.          | Ψ                 | 0.00                         |
| 12. |         | ot include car payments.   | 12.          | \$                | 200.00                       |
| 13. |         | rtainment, clubs, recreation, newspapers, magazines, and books                               | 13.          |                   | 30.00                        |
| 14. |         | itable contributions and religious donations   | 14.          | ·                 | 0.00                         |
|     | Insur   | •  |              |                   | 0.00                         |
|     |         | ot include insurance deducted from your pay or included in lines 4 or 20.                    |              |                   |                              |
|     |         | Life insurance   | 15a.         | \$                | 0.00                         |
|     | 15b.    | Health insurance   | 15b.         | \$                | 0.00                         |
|     | 15c.    | Vehicle insurance  | 15c.         | \$                | 0.00                         |
|     | 15d.    | Other insurance. Specify:  | 15d.         | \$                | 0.00                         |
| 16. |         | s. Do not include taxes deducted from your pay or included in lines 4 or 20.                 |              | · <del></del>     |                              |
|     | Spec    |  | 16.          | \$                | 0.00                         |
| 17. |         | Ilment or lease payments:  |              | •                 |                              |
|     |         | Car payments for Vehicle 1   | 17a.         | · ·               | 0.00                         |
|     |         | Car payments for Vehicle 2   | 17b.         | ·                 | 0.00                         |
|     |         | Other. Specify:  | 17c.         | \$                | 0.00                         |
|     |         | Other. Specify:  | 17d.         | \$                | 0.00                         |
| 18. |         | payments of alimony, maintenance, and support that you did not report                        |              | \$                | 434.00                       |
| 10  | dedu    | icted from your pay on line 5, Schedule I, Your Income (Official Form 106)                   | l). 10.      | · <u> </u>        |                              |
| 19. | Spec    | r payments you make to support others who do not live with you.                              | 19.          | \$                | 0.00                         |
| 20  | •       | r real property expenses not included in lines 4 or 5 of this form or on Sc                  |              | our Incomo        |                              |
| 20. |         | Mortgages on other property  | 20a.         |                   | 0.00                         |
|     |         | Real estate taxes  | 20b.         | ·                 | 0.00                         |
|     |         | Property, homeowner's, or renter's insurance   | 20c.         |                   | 0.00                         |
|     |         | Maintenance, repair, and upkeep expenses   | 20d.         |                   | 0.00                         |
|     |         | Homeowner's association or condominium dues  | 20d.<br>20e. | ·                 | 0.00                         |
| 24  |         |  |              | φ<br>+\$          |                              |
| 21. | Othe    | r: Specify:  |              | +\$               | 0.00                         |
| 22. | Calcu   | ulate your monthly expenses  |              |                   |                              |
|     | 22a. /  | Add lines 4 through 21.  |              | \$                | 1,824.00                     |
|     | 22b.    | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-               | 2            | \$                |                              |
|     | 22c. /  | Add line 22a and 22b. The result is your monthly expenses.                                   |              | \$                | 1,824.00                     |
|     |         |  |              |                   | ,                            |
| 23. |         | ulate your monthly net income.   | 20           | •                 |                              |
|     |         | Copy line 12 (your combined monthly income) from Schedule I.                                 | 23a.         |                   | 1,390.00                     |
|     | 23b.    | Copy your monthly expenses from line 22c above.  | 23b.         | -\$               | 1,824.00                     |
|     | 23c     | Subtract your monthly expenses from your monthly income.                                     |              |                   |                              |
|     | 200.    | The result is your <i>monthly net income</i> .   | 23c.         | \$                | -434.00                      |
|     |         | , ,  |              |                   |                              |
| 24. |         | ou expect an increase or decrease in your expenses within the year after                     |              |                   |                              |
|     |         | example, do you expect to finish paying for your car loan within the year or do you expect y | our mortgage | payment to increa | ase or decrease because of a |
|     |         | ication to the terms of your mortgage?   |              |                   |                              |
|     | ■ No    |  |              |                   |                              |
|     | ☐ Ye    | es. Explain here:  |              |                   |                              |

| Fill in this infor         | mation to identify your  | case:                     |                             |   |   |
|----------------------------|--|---------------------------|-----------------------------|---|---|
| Debtor 1                   | Juan L Cruz, III   |                           |                             |   |   |
|                            | First Name   | Middle Name               | Last Name                   |   |   |
| Debtor 2                   |  |                           |                             |   |   |
| (Spouse if, filing)        | First Name   | Middle Name               | Last Name                   | ļ   |   |
| United States Ba           | ankruptcy Court for the:   | NORTHERN DISTRICT         | OF ILLINOIS                 |   |   |
| Case number                |  |                           |                             |   |   |
| (if known)                 |  |                           |                             |   | ck if this is an<br>ended filing        |
| If two married po          | eople are filing together  | r, both are equally respo | Debtor's Sch                |   | 12/15                                   |
| years, or both. 1          | y or property by fraud in<br>8 U.S.C. §§ 152, 1341, 1<br>n Below |                           | ruptcy case can result in   | ı fines up to \$250,000, or imprison                  | ment for up to 20                       |
| Did you pa                 | y or agree to pay some   | one who is NOT an attor   | ney to help you fill out ba | inkruptcy forms?                                      |   |
| ■ No                       |  |                           |                             |   |   |
| ☐ Yes. N                   | Name of person   |                           |                             | Attach Bankruptcy Petition Declaration, and Signature |   |
| Under pena<br>that they ar | alty of perjury, I declare true and correct.                     | that I have read the sum  | mary and schedules filed    | with this declaration and                             |   |
| X/                         |  |                           | X                           |   |   |
|                            | . Cruz, III  |                           | Signature of D              | ebtor 2   | *************************************** |
| Signatu                    | re of Debtor 1   |                           |                             |   |   |
| Date _                     | 2-11-14  | =                         | Date                        |   |   |

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|        |                         | nation to identify you        | r case:         |                                |            |  |                       |            |                                    |
|--------|-------------------------|-------------------------------|-----------------|--------------------------------|------------|--|-----------------------|------------|------------------------------------|
| Deb    | otor 1                  | Juan L Cruz, III First Name   | Mi              | ddle Name                      |            | Last Name  |                       |            |                                    |
|        | otor 2                  |                               |                 |                                |            |  |                       |            |                                    |
| (Spo   | ouse if, filing)        | First Name                    | Mi              | ddle Name                      |            | Last Name  |                       |            |                                    |
| Uni    | ted States Bar          | nkruptcy Court for the:       | NORTH           | HERN DISTRICT                  | OF ILL     | INOIS  |                       |            |                                    |
| Cas    | se number               |                               |                 |                                |            |  |                       |            |                                    |
| (if kn | nown)                   |                               |                 |                                |            |  |                       | _          | heck if this is an                 |
|        |                         |                               |                 |                                |            |  |                       | ar         | mended filing                      |
| ~.     | <b>.</b>                | 4.07                          |                 |                                |            |  |                       |            |                                    |
|        | ficial Fo               |                               |                 |                                |            |  |                       |            |                                    |
| Sta    | atement                 | of Financial                  | Affairs         | for Indivi                     | dua        | Is Filing for B                                    | ankruptcy             |            | 12/1                               |
|        |                         |                               |                 |                                |            | ing together, both are orm. On the top of an       |                       |            |                                    |
|        |                         | n). Answer every que          |                 | separate sheet to              | ) till5 it | orm. On the top or an                              | y additional pages, v | viile you  | i ilaille allu case                |
| Par    | t 1: Give D             | etails About Your Ma          | arital Statu    | ıs and Where Yo                | u Live     | d Before   |                       |            |                                    |
|        |                         |                               |                 |                                |            |  |                       |            |                                    |
| 1.     | wnat is your            | current marital state         | is?             |                                |            |  |                       |            |                                    |
|        | ☐ Married               |                               |                 |                                |            |  |                       |            |                                    |
|        | Not mar                 | ried                          |                 |                                |            |  |                       |            |                                    |
| 2.     | During the la           | ast 3 years, have you         | lived any       | where other than               | ı where    | e you live now?                                    |                       |            |                                    |
|        | □ No                    |                               |                 |                                |            |  |                       |            |                                    |
|        | Yes. Lis                | t all of the places you       | lived in the    | last 3 years. Do               | not incl   | ude where you live nov                             | <i>I</i> .            |            |                                    |
|        | Debtor 1 Pri            | ior Address:                  |                 | Dates Debtor                   | 1          | Debtor 2 Prior Ac                                  | ldress:               |            | Dates Debtor 2                     |
|        |                         |                               |                 | lived there                    |            |  |                       |            | lived there                        |
|        | 523 Boxwo               | ood Dr.<br>.rg, IL 60193-2711 |                 | From-To:<br>Jan. 2014 to       | luly       | ☐ Same as Debtor                                   | 1                     |            | ☐ Same as Debtor 1 From-To:        |
|        | Schaumbe                | arg, IL 00193-2711            |                 | 2015                           | oury       |  |                       |            | Tioni-To.                          |
|        | 245.0                   |                               |                 |                                |            |  |                       |            |                                    |
|        | 615 Garde<br>Belvidere. | n Dr.<br>IL 61008-3054        |                 | From-To: <b>Jul. 2012 to .</b> | Jan.       | ☐ Same as Debtor                                   | 1                     |            | ☐ Same as Debtor 1 From-To:        |
|        | ,                       |                               |                 | 2014                           |            |  |                       |            |                                    |
|        | -                       |                               |                 |                                |            |  |                       |            |                                    |
| 3.     |                         |                               |                 |                                |            | uivalent in a commun<br>New Mexico, Puerto R       |                       |            | ? (Community property              |
| Siait  | es and territori        | es include Anzona, Ca         | illioirila, iuc | ario, Louisiaria, iv           | evaua,     | ivew iviexico, i deito iv                          | ico, rexas, washingi  | ni and w   | 1300113111.)                       |
|        | ■ No                    |                               |                 |                                |            |  |                       |            |                                    |
|        | ☐ Yes. Ma               | ke sure you fill out Sc       | hedule H: \     | Your Codebtors (C              | Official I | Form 106H).  |                       |            |                                    |
| Par    | t 2 Explai              | n the Sources of You          | ır Income       |                                |            |  |                       |            |                                    |
|        | Did bass                |                               |                 |                                |            |  |                       |            | .dan                               |
| 4.     | Fill in the tota        | I amount of income yo         | ou received     | from all jobs and              | l all bus  | usiness during this ye<br>sinesses, including part | time activities.      | us caien   | dar years?                         |
|        | If you are filin        | ig a joint case and you       | have inco       | me that you recei              | ve toge    | ether, list it only once ur                        | nder Debtor 1.        |            |                                    |
|        | □ No                    |                               |                 |                                |            |  |                       |            |                                    |
|        | Yes. Fill               | in the details.               |                 |                                |            |  |                       |            |                                    |
|        |                         |                               | Debtor 1        |                                |            |  | Debtor 2              |            |                                    |
|        |                         |                               |                 | of income                      | Gr         | oss income   | Sources of incom      | е          | Gross income                       |
|        |                         |                               | Check all       | I that apply.                  | ,          | efore deductions and clusions)                     | Check all that apply  | <b>/</b> . | (before deductions and exclusions) |
|        |                         |                               |                 |                                | O/M        | ,  |                       |            | 5.15.3510110)                      |

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Case number (if known)

Debtor 1 Juan L Cruz, III

|   | Debtor 1                                   |   | Debtor 2                                   |   |
|---|--|---|--|---|
|   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | ■ Wages, commissions, bonuses, tips        | \$2,827.51  | ☐ Wages, commissions, bonuses, tips        |   |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |
| For last calendar year:<br>(January 1 to December 31, 2015)             | ■ Wages, commissions, bonuses, tips        | \$25,136.00   | ☐ Wages, commissions, bonuses, tips        |   |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |
| For the calendar year before that:<br>(January 1 to December 31, 2014)  | ■ Wages, commissions, bonuses, tips        | \$14,934.00   | ☐ Wages, commissions, bonuses, tips        |   |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |

and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

|   | Debtor 1                            |   | Debtor 2                          |   |  |
|---|-------------------------------------|---|-----------------------------------|---|--|
|   | Sources of income Describe below    | Gross income<br>(before deductions and<br>exclusions) | Sources of income Describe below. | Gross income<br>(before deductions<br>and exclusions) |  |
| From January 1 of current year until the date you filed for bankruptcy: | Earned Income and Child Tax Credits | \$2,450.00  |                                   |   |  |
|   | Premium Tax Credit                  | \$122.00  |                                   |   |  |
| For last calendar year:<br>(January 1 to December 31, 2015)             | Earned Income and Child Tax Credits | \$4,305.00  |                                   |   |  |

#### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

|  | debts? |
|--|--------|
|--|--------|

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an ☐ No. individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

□ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

#### Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

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Debtor 1 Juan L Cruz, III

|     | Creditor's Name and Address   | Dates of payment                                     | Total amount paid                                 | Amount you still owe                   | •                                  | ayment for   |
|-----|---|--|---|--|------------------------------------|--|
|     | Kailah Ballard<br>2966 Genoa Rd.<br>Belvidere, IL 61008   | 02/12/2016   | \$1,100.00  | Unknown                                | ☐ Car ☐ Credit Ca ☐ Loan Re        | ard<br>payment<br>s or vendors                       |
| 7.  | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any ge control, or owner of 20% | neral partners; partne<br>or more of their voting | erships of which great securities; and | you are a genera<br>any managing a | al partner; corporations<br>agent, including one for |
|     | <ul><li>■ No</li><li>☐ Yes. List all payments to an insider</li></ul>   |  |   |  |                                    |  |
|     | Insider's Name and Address  | Dates of payment                                     | Total amount paid                                 | Amount you still owe                   |                                    | this payment   |
| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  No Yes. List all payments to an insider   |  | yments or transfer a                              | nny property on                        | account of a de                    | abt that benefited an                                |
|     | Insider's Name and Address  | Dates of payment                                     | Total amount paid                                 | Amount you still owe                   |                                    | this payment   |
| Par | t 4: Identify Legal Actions, Repossession   | a and Faraelacures                                   | paid  | Juli Owe                               | morade cree                        | nor 3 name   |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                     | cases, small claims action                           | ns, divorces, collectio                           |  | actions, suppor                    | t or custody   |
|     | Case title Case number  | Nature of the case                                   | Court or agency                                   |  | Status of th                       | e case   |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No Yes. Fill in the information below.   |  | erty repossessed, f                               | oreclosed, garr                        | nished, attached                   | d, seized, or levied?                                |
|     | Creditor Name and Address   | Describe the Property                                |   | Dat                                    | te                                 | Value of the property                                |
|     |   | Explain what happene                                 | ed  |  |                                    | P sharp  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.  Creditor Name and Address   |  | ū   |  | on, set off any a                  | amounts from your<br>Amount                          |
|     |   |  |   | tak                                    |                                    |  |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at No ☐ Yes  |  | erty in the possessi                              | ion of an assigr                       | nee for the bene                   | efit of creditors, a                                 |

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Case number (if known) Document Debtor 1 Juan L Cruz, III

| Par | t 5: List Certain Gifts and Contributions  |   |                                   |                          |  |  |  |  |  |
|-----|--|---|-----------------------------------|--------------------------|--|--|--|--|--|
| 13. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift.   | _ ```   |                                   |                          |  |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and   | Describe the gifts  | Dates you gave the gifts          | Value                    |  |  |  |  |  |
|     | Address:   |   |                                   |                          |  |  |  |  |  |
| 14. | ■ No   | ptcy, did you give any gifts or contributions with a tot  | al value of more than             | \$600 to any charity     |  |  |  |  |  |
|     | Yes. Fill in the details for each gift or co   |   | _                                 |                          |  |  |  |  |  |
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code) | ř   | Dates you contributed             | Value                    |  |  |  |  |  |
| Par | t 6: List Certain Losses   |   |                                   |                          |  |  |  |  |  |
| 15. | Within 1 year before you filed for bankrup or gambling?  | tcy or since you filed for bankruptcy, did you lose any   | thing because of thef             | t, fire, other disaster, |  |  |  |  |  |
|     | Yes. Fill in the details.  |   |                                   |                          |  |  |  |  |  |
|     | Describe the property you lost and how the loss occurred   | Describe any insurance coverage for the loss  | Date of your                      | Value of property        |  |  |  |  |  |
|     |  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.                                   | loss                              | lost                     |  |  |  |  |  |
| Par | t 7: List Certain Payments or Transfers  |   |                                   |                          |  |  |  |  |  |
| 16. | consulted about seeking bankruptcy or p  | tcy, did you or anyone else acting on your behalf pay reparing a bankruptcy petition? eparers, or credit counseling agencies for services require |                                   | rty to anyone you        |  |  |  |  |  |
|     | Yes. Fill in the details.  |   |                                   |                          |  |  |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo                                   | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment        |  |  |  |  |  |
|     | Corbin Law Firm, LLC<br>2500 E. Devon Ave.<br>Suite 200<br>Des Plaines, IL 60018<br>arthur@corbin-law.com                              | Attorney's Fees   | 10 FEB 2016                       | \$857.00                 |  |  |  |  |  |
|     | Debtor CC Inc<br>372 Summit Ave.<br>Jersey City, NJ 07302<br>debtorcc.org  | Credit Counseling Course  | 10 FEB 2016                       | \$14.95                  |  |  |  |  |  |

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Debtor 1 Juan L Cruz, III Case number (if known) 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☐ No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was property transferred payments received or debts Address made paid in exchange Person's relationship to you Voluntary surrender of 2006 None at time of filing. **JAN 2016** CNAC Attn: IL121 Dodge Stratus to lender. 800 North Avenue, Ste. 200 Glendale Heights, IL 60139 Arm's length transaction 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance account number closed, sold, instrument before closing or Address (Number, Street, City, State and ZIP Code) moved, or transfer transferred Chase **XXXX-5099 JUL 2015** \$10.00 Checking Chicago, IL □ Savings ☐ Money Market □ Brokerage □ Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details.

Describe the contents

Who else had access to it?

Address (Number, Street, City,

State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Name of Financial Institution

Do you still

have it?

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Debtor 1 Juan L Cruz, III

| 22. | Have you stored property in a storage unit or pla  No  | ace other than your home within   | 1 year  | before you filed for bankruptcy      |                       |
|-----|--|---|---------|--------------------------------------|-----------------------|
|     | Yes. Fill in the details.  |   |         |                                      |                       |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | Des     | cribe the contents                   | Do you still have it? |
| Par | 9: Identify Property You Hold or Control for S   | Someone Else  |         |                                      |                       |
| 23. | Do you hold or control any property that someor for someone.   | ne else owns? Include any prope   | rty you | u borrowed from, are storing for     | , or hold in trust    |
|     | ■ No □ Yes. Fill in the details.   |   |         |                                      |                       |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | Des     | cribe the property                   | Value                 |
| Par | 10: Give Details About Environmental Informa   | tion  |         |                                      |                       |
| For | he purpose of Part 10, the following definitions a   | apply:  |         |                                      |                       |
|     | Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these sub | r, land, soil, surface water, groun   |         |                                      |                       |
|     | Site means any location, facility, or property as on to own, operate, or utilize it, including disposal s  | -   | law, v  | vhether you now own, operate, o      | or utilize it or used |
|     | <i>Hazardous material</i> means anything an environn<br>hazardous material, pollutant, contaminant, or s   |   | s wast  | e, hazardous substance, toxic s      | substance,            |
| Rep | ort all notices, releases, and proceedings that yo   | u know about, regardless of whe   | n they  | occurred.                            |                       |
| 24. | Has any governmental unit notified you that you  | may be liable or potentially liable   | e unde  | er or in violation of an environme   | ental law?            |
|     | No   |   |         |                                      |                       |
|     | Yes. Fill in the details.  | _   | _       |                                      |                       |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State an ZIP Code)                           |         | Environmental law, if you<br>know it | Date of notice        |
| 25. | Have you notified any governmental unit of any i   | release of hazardous material?  |         |                                      |                       |
|     | No   |   |         |                                      |                       |
|     | Yes. Fill in the details.  |   |         |                                      |                       |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)                          |         | Environmental law, if you<br>know it | Date of notice        |
| 26. | Have you been a party in any judicial or adminis   | trative proceeding under any env  | rironm  | ental law? Include settlements a     | and orders.           |
|     | ■ No □ Yes. Fill in the details.   |   |         |                                      |                       |
|     | Case Title Case Number   | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code)              | Natu    | ire of the case                      | Status of the case    |
| Par | 11: Give Details About Your Business or Conn   | nections to Any Business  |         |                                      |                       |
| 27. | Within 4 years before you filed for bankruptcy, d  | id you own a business or have a   | ny of t | he following connections to any      | business?             |
|     | ☐ A sole proprietor or self-employed in a tr   | rade, profession, or other activity   | , eithe | r full-time or part-time             |                       |
|     | ☐ A member of a limited liability company (  | (LLC) or limited liability partnersh  | nip (LL | .P)                                  |                       |

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| Debt                   | or 1          | Juan L Cruz, III   |   | Case number (# known)   |  |
|------------------------|---------------|--|---|---|--|
|                        |               | _  |   |   |  |
|                        |               | ☐ A partner in a partnership   |   |   |  |
|                        |               | ☐ An officer, director, or managing ex   | xecutive of a corporation   |   |  |
|                        |               | ☐ An owner of at least 5% of the votir   | ng or equity securities of a corporation  |   |  |
| •                      |               | No. None of the above applies. Go to   | Part 12.  |   |  |
| [                      | 3             | Yes. Check all that apply above and fil  | ll in the details below for each business                                       | i.  |  |
|                        |               | iness Name   | Describe the nature of the business   | Employer Identification number  |  |
|                        |               | ress<br>ber, Street, City, State and ZIP Code)                                   | Name of accountant or bookkeeper  | Do not include Social Security number or ITII   |  |
|                        |               |  | •   | Dates business existed  |  |
|                        |               | in 2 years before you filed for bankrup<br>tutions, creditors, or other parties. | tcy, did you give a financial statement t                                       | o anyone about your business? Include all financial   |  |
| 1                      |               | No   |   |   |  |
| [                      | <b>]</b>      | Yes. Fill in the details below.  |   |   |  |
|                        |               | 16<br>IPSS<br>ber, Street, City, State and ZIP Code)                             | Date Issued   |   |  |
| Part                   | 12:           | Sign Below   |   |   |  |
| are tri<br>with a      | ue a<br>ı baı | nd correct. I understand that making a   | a false statement, concealing property, \$250,000, or imprisonment for up to 20 | d I declare under penalty of perjury that the answers<br>or obtaining money or property by fraud in connection<br>years, or both. |  |
|                        |               | Cruz, III<br>e of Debtor 1   | Signature of Debtor 2   | WW Management V Management and a congregation of  |  |
| Date                   | 2             | 2.11.14  | Date  |   |  |
| Did ye<br>■ No<br>□ Ye |               | ttach additional pages to <i>Your Statem</i>                                     | ent of Financial Affairs for Individuals F                                      | filing for Bankruptcy (Official Form 107)?  |  |
| Did ye                 | •             | ay or agree to pay someone who is no   | ot an attorney to help you fill out bankru                                      | ptcy forms?   |  |
| □ Ye                   | s. N          | ame of Person Attach the Bankn   | uptcy Petition Preparer's Notice, Declaration                                   | on, and Signature (Official Form 119).  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-04973 Doc 1 Filed 02/17/16 Entered 02/17/16 01:18:12 Desc Main Document Page 50 of 60

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In 1 | e Juan L Cruz, III   |  | Case No.                                    |                        |                |
|------|--|--|---|------------------------|----------------|
|      |  | Debtor(s)  | Chapter                                     | 7                      |                |
|      | DISCLOSURE OF COMPENSA   | ATION OF ATTO  | RNEY FOR DI                                 | EBTOR(S)               |                |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or  | the petition in bankruptcy   | , or agreed to be paid                      | to me, for services re |                |
|      | For legal services, I have agreed to accept  |  | \$  | 857.00                 |                |
|      | Prior to the filing of this statement I have received  |  |   | 857.00                 |                |
|      | Balance Due  |  | <u> </u>                                    | 0.00                   |                |
| 2.   | The source of the compensation paid to me was:   |  |   |                        |                |
|      | ■ Debtor □ Other (specify):  |  |   |                        |                |
| 3.   | The source of compensation to be paid to me is:  |  |   |                        |                |
|      | ■ Debtor □ Other (specify):  |  |   |                        |                |
| 4.   | ■ I have not agreed to share the above-disclosed compensa  | ation with any other person  | unless they are mem                         | bers and associates of | f my law firm. |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of  |  |   |                        | aw firm. A     |
| 5.   | In return for the above-disclosed fee, I have agreed to render   | r legal service for all aspect   | ts of the bankruptcy                        | case, including:       |                |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering</li> <li>b. Preparation and filing of any petition, schedules, statement</li> <li>c. Representation of the debtor at the meeting of creditors and</li> <li>d. [Other provisions as needed]</li> <li>All legal services required pursuant to the analysis of the debtor.</li> </ul> | nt of affairs and plan which<br>nd confirmation hearing, an            | n may be required;<br>and any adjourned hea | rings thereof;         | ruptcy;        |
| 5.   | By agreement with the debtor(s), the above-disclosed fee doo See the attached Chapter 7 Representation   |  | g service:                                  |                        |                |
|      | C  | ERTIFICATION   |   |                        |                |
| this | I certify that the foregoing is a complete statement of any agreement pankruptcy proceeding.   | reement or arrangement for   | payment to me for i                         | epresentation of the d | ebtor(s) in    |
|      | February 17, 2016  | /s/ Arthur Corbin  |   |                        |                |
| -    | Date   | Arthur Corbin AF Signature of Attorne Corbin Law Firm 2500 E. Devon Av | ey<br>, <b>LLC</b>                          |                        |                |

Des Plaines, IL 60018

Name of law firm

arthur@corbin-law.com

773-570-0054 Fax: 773-570-5449

### CHAPTER 7 REPRESENTATION AND FEE AGREEMENT (the "Agreement")

I, Juan L. Cruz III, ("You" or "Client"), agree to retain Corbin Law Firm, LLC ( "CLF" "We"), to represent Client in a bankruptcy case to be filed under Chapter 7 of the United States Bankruptcy Code (the "Case"). If Client later desires to file under Chapter 13 of the U.S. Bankruptcy Code, the parties will execute a new representation agreement.

#### IMPORTANT:

- The advice you receive from CLF may change as we complete a more detailed analysis of your situation and the "Means Test" calculation. CLF will inform you of any changes.
- Corbin Law Firm, LLC is considered a debt relief agency under the Bankruptcy Code because we help individuals get a financial fresh start using the bankruptcy laws.

#### ATTORNEY'S FEES, COURT FEES AND OTHER COSTS

a) ATTORNEY'S FEES. You will pay CLF a retainer of \$857.00 in attorney's fees for "Standard Services" (described below) under this Agreement. Client agrees to pay CLF an INITIAL RETAINER of \$857.00 for attorney's fees leaving a balance due of . [Attorney's fees must be paid in full before the case is filed. All fees are earned even if the case is dismissed or closed and you do not receive your discharge.]

#### **Advance Payment Retainer**

You agree to and understand that CLF will treat the retainer as an "advance payment retainer". This means that CLF will place the retainer into its general account and the retainer will become the property of CLF. You also understand that you have the option to require CLF to treat your retainer as a security retainer. But you have decided to proceed with an advance payment retainer because we both agree that an advance payment retainer is to your advantage as CLF will immediately start working on your case and the retainer will be earned immediately or within a short span of time, and because it will keep the funds out of the reach of your creditors.

#### "Work Done" Basis

The retainer will be earned on a "work done" basis. This means that even if you decide not to proceed with your case the retainer will already be partially or fully earned because we will have expanded significant time and effort working with you and on your behalf. Therefore, if you terminate CLF's representation or if CLF withdraws its representation due to Client's breach of this Agreement, you may not be entitled to a refund or may only be entitled to a partial refund even if your case is not filed. CLF charges an hourly rate of \$250.00 per hour for attorney time and \$90.00 per hour for administrative staff time.

- b) COURT COSTS. The court's Chapter 7 FILING FEE is \$335.00 . The filing fee is in addition to attorney's fees above. The filing fee will remain your property until the funds are used to pay the filing fee when your case is filed. [Court costs must be paid before the case is filed.]
- TOTAL COSTS PAYABLE TO CLF: \$1,192.00

| Attorney's Fees for  | Court Costs          | Consolidated   | TOTAL PAYABLE TO CLF: | Credit Counseling —      | Credit Counseling —     |
|----------------------|----------------------|----------------|-----------------------|--------------------------|-------------------------|
| Chapter 7 – Flat Fee | Chapter 7 Filing Fee | Credit Report: |                       | Course #1                | Course #2               |
| \$857.00             | \$335.00             | N/A            | \$1,192.00            | \$14.95<br>(paid direct) | \$9.95<br>(paid direct) |

ASSIGNMENT OF FUNDS. Client assigns to CLF all amounts tendered for costs and authorizes CLF to transfer said funds from CLF's client trust account to CLF's operating account in payment of outstanding fees and costs owed to CLF.

3.

## Document

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| ST       | ANDARD SERVICES. These are the services CLF will provide under this agreement. CLF will:  |
|----------|---|
|          | (a) provide and explain all bankruptcy disclosures as required by the U.S. Bankruptcy Code;   |
|          | (b) analyze your financial situation;   |
|          | (c) advise you about relief under Chapters 7 and Chapter 13 of the U.S. Bankruptcy Code and about non-bankruptcy options;   |
|          | (d) explain and assist you with all requirements to file your Petition (voluntary petition, schedules, statements, creditor list, verification  |
|          | and notices (collectively the "Petition")) and with obtaining a discharge under the Bankruptcy Code;  |
|          | (e) advise you about exemptions and apply the exemptions to your property;  |
|          | (f) prepare your Petition;  |
|          | (g) file your Petition;   |
|          | (h) assist you in negotiating reaffirmation agreement(s) when necessary and if requested by you;  |
|          | (i) prepare you for the initial trustee meeting ("Trustee Meeting," i.e., 341 meeting or meeting of creditors) and assist you with assembling the documents for the Trustee Meeting;  |
|          | (j) provide the case trustee with documents required for the Trustee Meeting;   |
|          | (k) represent you at the Trustee Meeting or provide another attorney (after notice to you);   |
|          | (I) respond to requests for information by the U.S. Trustee or the case trustee;  |
|          | (m) prepare motions to remove liens on your personal property under 11 U.S.C. 522(f)(2) and judicial liens under 11 U.S.C. 522(f)(1), but only if agreed to prior to the signing of this Agreement, avoiding a lien will be an Additional Service (see below).  |
|          | (n) file the debtor's education certificate (second credit counseling course);  |
|          | (o) monitor the case and communicate with you, the case trustee, U.S. Trustee, and creditors or other parties of interest as necessary;   |
|          | (p) assist with enforcing the automatic stay as necessary;  |
|          | (q) provide notices of the case to stop lawsuits, wage garnishments, citations to discover assets, utility shutoffs, driver' license suspensions (if bankruptcy automatic stay applies).  |
| se       | ANKRUPTCY SERVICES CLF WILL PROVIDE AFTER FILING THE CASE FOR AN ADDITIONAL FEE. You agree that CLF will provide the following rvices, if necessary, after the case is filed and YOU ALSO AGREE TO PAY CLF for these services as they may be necessary to you obtaining our discharge:  |
|          | Amendments to Schedules: \$100;   |
|          | Amendments to Schedules to add omitted creditor(s): \$150 (\$100 plus \$30 filing cost plus \$20 for service of amended schedules);   |
|          | Representation at continued Trustee Meeting: \$150;   |
|          | Representation at Rule 2004 Examination: Hourly Rate;   |
|          | Preparation and Attendance at court hearings (only on Standard Services matters, e.g.: Creditor's Motion for Relief of Stay): Hourly Rate   |
| ar<br>co | ADDITIONAL SERVICES" BANKRUPTCY SERVICES THAT ARE NOT PART OF THIS AGREEMENT. Complex and time-consuming matters may ise in a chapter 7 bankruptcy case. Sometimes such matters can be anticipated, but often they cannot be. These matters are generally intested and difficult and time consuming to defend therefore they are not included in this Agreement. Most common examples of such atters are: |
|          | Adversary proceedings (lawsuits inside the bankruptcy case) to determine dischargeability of a debt;  |
| •        | Objections to your discharge;   |
| •        | Defense of claims of bankruptcy abuse;  |

Appeals;

5.

Fixing credit report errors.

Redemption of property;

Adversary proceedings of any kind;

Defense of preference or fraudulent transfer actions;

Any proceedings in a state court or other tribunal;

debts, student loans, etc...).

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| 6. | ОТ | HER COMMON BANKRUPTCY SERVICES NOT PART OF THIS AGREEMENT.   |
|----|----|--|
|    |    | Reopen case (usually due to your failure to take the second credit counseling course): \$100 plus \$260 filing fee; Conversion from Chapter 7 to Chapter 13: Chapter 13 fees will apply;   |
|    |    | excluded matters, Client may retain CLF or any other attorney of Client's choice to represent Client. Client may retain CLI grees to represent Client, for an additional retainer under a separate representation agreement.   |
| 7. | IM | PORTANT TERMS, CONCEPTS, CONSEQUENCES, AND PRINCIPLES. You agree that you understand the following:  |
|    |    | Effect on your Credit. Bankruptcy is a "financial event. "As such, like a late payment, a collections action, or a court judgment, the bankruptcy will appear on your credit report. The bankruptcy should appear under each creditor listing as well as under the "public records" part of the credit report. A chapter 7 bankruptcy will stay on your credit report for up to 10 years. The bankruptcy may have a negative effect on your credit score and it may negatively impact your ability to obtain future credit or refinancing. |
|    |    | <b>Public Proceeding.</b> Bankruptcy is a public proceeding that takes place in a federal court. Your case will be filed in the Bankruptcy Court for the Northern District of Illinois.  |
|    |    | Automatic Stay. This is the name for the bankruptcy protection. The automatic stay does not go into effect until your case is filed. Therefore, keep in mind that calls, lawsuits, wage garnishments and other actions to collect may continue and liens can attach to your property until the bankruptcy case is filed. You may therefore permanently lose your property.   |
|    |    | Dischargeability and Non-Dischargeability. Chapter 7 bankruptcy eliminates most but not all debts. Debts that are eliminated are referred to as "dischargeable" debts. Debts that cannot be eliminated are referred to as "non-dischargeable" debts. If applicable, CLF will advise you what debts will not be discharged (typically: student loans, parking tickets, child support, most taxes).  |
|    |    | <b>Bankruptcy Notices.</b> The bankruptcy court will notify all your creditors and interested parties about your bankruptcy case. Notices have to be generated and mailed. It may take up to 10 business days for the notices to reach your creditors.   |
|    |    | Time is of the essence. Any delay by you to cooperate with CLF may disqualify you from the bankruptcy or otherwise adversely impact your case by affecting your eligibility or the breadth of the relief you are seeking. An example of this is a change in your income (as it ma affect the Means Test calculation) or and action by your creditor (e.g. foreclosure sale).   |
|    |    | <b>Creditors.</b> All creditors must be included in your case; bankruptcy is not a pick-and-choose proceeding. This includes debts you owe to your friends and family, small debts, and even debts that are not dischargeable. CLF will assist you with disclosing all your creditors but, ultimately, you are the only one who knows about all your obligations. Debts that are not included may not be discharged.   |
|    |    | <ul> <li>Secured Creditor: A creditor that has a lien on your property and can resort to repossession or foreclosure if you fail to pay the debt (e.g. mortgage, car loan, furniture loan).</li> </ul>   |

Unsecured Creditor: A creditor that cannot take your property through repossession or foreclosure (e.g. credit cards, medical

[The bottom of this page was intentionally left blank.]

#### Your General Duties:

9.

10.

11.

|    | Cooperation. You agree to cooperate with CLF, the case trustee, and the U.S. Trustee and to provide requested information and documents in a timely manner. You also agree to update CLF about changes to your circumstances including: income, expenses, property interests (acquisition or disposition), address, contact information, military service, etc as well as to carefully review the Petition and be present and on time for all hearing and meetings.  |
|----|--|
|    | <b>Truthfulness.</b> You agree to provide accurate and complete information and documentation for your Petition and case. Honest and accurate and complete disclosure is crucial as inaccurate or incomplete disclosures can lead to the loss of your right to a discharge of you debts as well as serious civil and criminal prosecution.   |
|    | <b>Reasonable Investigation.</b> You must to do a reasonable investigation into your matters in providing the above information and documents. This means that you must take affirmative action and contact your creditors, dig through your records, and contact third-parties such as employers or former employers to assemble the required information.  |
|    | Notify CLF Before Acting. You must promptly notify CLF before making property and financial transactions that you do not normally make, such as giving money to family or friends, withdrawing money from any retirement account, incurring new debt (such as purchasing a car, using a credit card, taking out a payday loan, etc.), selling or giving away property. Such transactions —whether before the Case is filed or after — may negatively impact your case as they can be undone by the trustee and you may lose that property. |
|    | <b>Stop Using Credit.</b> Once you hire CLF you must stop using credit. Using credit before filing bankruptcy may cause problems in your case a such credit use may be considered fraudulent and can be challenged by your creditors.  |
| Yo | ur Main Duties Prior to Filing:  |
|    | <b>Production of Documents and Information.</b> You agree to provide CLF with the documents and information listed on the Checklist of Required Documents (incorporated into this agreement) and any other documents and information CLF, the case trustee, or U.S. Trustee may request.   |
|    | First Credit Counseling Requirement. You must complete the credit counseling requirement from an approved provider within 180 days prior to filing your case.  |
|    | Property Serving as Collateral. If you own property that secured a loan (home, car, furniture, etc.) you must decide what you want to do with that property. You can either surrender the property back to the creditor or choose to keep it.  |
| Yo | ur Main Duties After Filing:   |
|    | Complete the Second Credit Counseling Course (Debtor Education Course). You must complete the second credit counseling course. This course is also known as the Debtor Education course. If you do not complete this course your case will be closed without a discharge.  |
|    | Attend the Trustee Meeting. You must appear at the Trustee Meeting. This meeting will take place 4 to 8 weeks after your case is filed. I will prepare you for this meeting and attend the meeting with you.   |
|    | <b>New Interests in Property.</b> You agree to promptly inform CLF of an inheritance, life insurance proceeds, or property received in a spousal property settlement agreement or divorce within 6 months after the case is filed.   |
| Co | mmunications and Permissions. You authorize CLF to communicate with your employer(s), creditors, and any other entity CLF deems  |

necessary by telephone (work, home, cellular), by fax, mail, and email. You also authorize CLF to fax, mail or email pages of the bankruptcy petition, schedules, bankruptcy notices, or any other documents CLF deems necessary to your employer(s), creditors, and any other entities CLF deems necessary. You authorize CLF to contact whomever necessary, including current and former employers and the IRS, to obtain any information CLF deems necessary, whether verbal or written, to support your disclosures and testimony in the Petition and this case.

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| Case 16-049  | КМ, шс |     |

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|-----|------|------|-------|
| 12. | Jorn | nina | tion. |
|     |      |      |       |

- You may discharge CLF at any time subject to payment of any fees owed for services rendered by CLF based on "work done" as explained above.
- CLF may withdraw its representation when CLF believes you are not complying with your duties as outlined in this Agreement and in the bankruptcy disclosures. When seeking withdrawal from the Case, CLF will abide to the Illinois Rules of Professional Conduct and Local Bankruptcy Rules for the United States Bankruptcy Court, Northern District of Illinois.
- If Client breaches this agreement, Client will be responsible for attorney's fees and costs incurred by CLF that are associated with enforcing this agreement.
- 13. Authorization to run Credit Report. Client authorizes CLF to obtain Client's credit report.
- 14. Acknowledgement. You agree that you received the documents listed in subsections (a) and (b) and that said documents are made a part of this Agreement:
  - Checklist of Required Documents
  - Bankruptcy Disclosures: b)
    - Disclosure pursuant to 11 U.S.C. §§ 527(a)(1) and 342(b)
    - Disclosure pursuant to 11 U.S.C. § 527(a)(2)
    - Disclosure pursuant to 11 U.S.C. § 527(b)
    - Disclosure pursuant to 11 U.S.C. § 527(c)

| 15. Additional Terms:                                      |  |
|--|--|
|  |  |
|  |  |
| This Agreement and Quote is offered by Corbin Law Firm, LL | C. The Quote is valid for 90 days from the date below. |
| Corbin Law Firm, LLC                                       | Date:  |
| CLIENT:  |  |
| Name UAN CRUZ  | Name   |
| Signature  | Signature  |
| Date: 2-10-14  | Date:  |

Account Recovery Solutions 5183 Harlem Rd. Loves Park, IL 61111-3448

Advocate Lutheran General Hospital Attn: Patient Accounts PO Box 3039 Oakbrook, IL 60522-3039

Advocate Medical Group 701 Lee Street Des Plaines, IL 60016

AFNI PO Box 3097 Bloomington, IL 61702-3097

Anthony B. D'Souza, MD 6072 Brynwood Dr. #205 Rockford, IL 61114

AT&T Services, Inc Attn: Bankruptcy One AT&T Way, Room 3A104 Bedminster, NJ 07921

ATG Credit LLC PO Box 14895 Chicago, IL 60614

BMO Harris Bank PO Box 4320 Carol Stream, IL 60197-4320

BMO Harris Bank, N.A. Recovery Dept. 180 Executive Drive, Suite 200 Brookfield, WI 53005

Capital One Bank USA PO Box 30281 Salt Lake City, UT 84130 Carlyle Auto Sales 151 S. Alpine Rd Rockford, IL 61108

CEPAmerica Illinois LLP 1601 Cummins Dr. Ste. D Modesto, CA 95358-6403

Chex Systems Attn: Civil Process Clerk 7805 Hudson Road, Suite 100 Woodbury, MN 55125

CNAC Attn: IL121 800 North Avenue, Ste. 200 Glendale Heights, IL 60139

Comcast PO Box 3002 Southeastern, PA 19398-3002

ComEd Company 3 Lincoln Center Attn: Claims Dept. Oak Brook, IL 60181

Contract Callers Inc. 501 Greene Street 3rd Floor, Suite 302 Augusta, GA 30901

Convergent Outsourcing PO Box 9004 Renton, WA 98057

Convergent Outsourcing 800 SW 39th St. PO Box 9004 Renton, WA 98057

DIRECTTV LLC Attn: Bankruptcies PO Box 6550 Greenwood Village, CO 80155-6550 Dr. Kyle Cushing, Psy.D Glenwood Center 2721 Glenwood Ct. Rockford, IL 61101

Forest Hills Village Zeman Homes 7927 Forest Hills Rd Loves Park, IL 61111

IL Dept. of Healthcare & Fam. Svcs. Attn: Bankruptcy 509 S. 6th St. Springfield, IL 62701-1825

Jefferson Capital LLC 16 McLeland Rd. Saint Cloud, MN 56303-2198

Kailah Ballard 2966 Genoa Rd. Belvidere, IL 61008

Loves Park Water Dept. PO Box 2275 Loves Park, IL 61131-0275

Midland Credit Management, Inc 2365 Northside Dr, Suite 300 San Diego, CA 92108

Midland Funding LLC 8875 Aero Dr. Suite 200 San Diego, CA 92123

Mutual Management SVC 401 E. State St. Rockford, IL 61104-1027

Nicor Gas Attn: Bankruptcy and Collections Aurora, IL 60507-0549 OSF Lifeline Ambulance, LLC 318 Roxbury Rd Rockford, IL 61107

Quest Diagnostics PO Box 7306 Hollister, MO 65673-7306

Radiology Consultants of Rockford 1401 E. State St. Rockford, IL 61104

Riverside Dental Center 2028 E. Riverside Blvd. Suite 210 Loves Park, IL 61111-4800

Rockford Merchantile Agency PO Box 5847 Rockford, IL 61125-0847

Sprint Corp.
Attn. Bankruptcy Dept.
PO Box 7949
Overland Park, KS 66207-0949

SW Credit Systems Inc. 4120 International Pkwy #100 Carrollton, TX 75007

SwedishAmerican Attn: Patient Accounts 1401 East State Street Rockford, IL 61104

SwedishAmerican Medical Center Belvidere 1625 South State Street Belvidere, IL 61008

Townhomes of Cedar Village 619 Garden Dr. #61 Belvidere, IL 61008

Transworld Systems Inc. 507 Prudential Rd. Horsham, PA 19044

U.S. Department of Education Attn: Sec'y of Education 400 Maryland Ave., S.W. Washington, DC 20202

U.S. Dept. of Education / GL 2401 International POB 7859 Madison, WI 53704

United States Attorney (for Dept. of Education) 219 S. Dearborn St., 5th Floor Chicago, IL 60604

Universal Acceptance / Carhop 10801 Red Circle Dr. Hopkins, MN 55343

Universal Tech. Institute 601 Regency Dr. Glendale Heights, IL 60139

Verizon Wireless (BK) Attn: Bankruptcy Dept. 1515 Woodfield Rd Schaumburg, IL 60173

World Finance Corp. POB 6429 Greenville, SC 29606

World Finance Corp. 1464 N. State St. Belvidere, IL 61008